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CLINICAL LECTURES.

METRORRHAGIA FROM FIBROID; IRREGULAR MENSTRUATION

WITH FIBROID TUMOR; CANCER OF THE UTERUS PRODUCING VESICO-VAGINAL FISTULA.

DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

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[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: The first case is a young girl 28 years of age, suffering with metrorrhagia, who four years ago noticed a lump in the left iliac region. You remember what I have said to you so often, and it is a favorite subject with me at examination, and I beg you to remember it not simply because you are liable to be asked questions about it at examination, but because it is a very practical matter, and that is, when a woman who has not borne children comes to you with a history of hemorrhage, the trouble is almost always due to a benign tumor. It may be a fibroid tumor of the womb, it may be a polypus, or it may be fungus vegetations inside of the womb. When, however, a woman who has borne children comes with a history of hemorrhage, especially toward the climacteric, that is, from the age of forty to forty-five, the bleeding will most likely be due to malignant growth. If the bleeding appear after the occurrence of the climacteric, I will venture to say that in ninety-nine out of a hundred cases it is due to carcinoma. This is so important a matter that I will repeat. If a woman who has never borne children, and the younger the better for this conclusion, complains of hemorrhage and a tumor, it is probably due to a benign growth, and, in the majority of cases, will prove to be a fibroid tumor. If there is no tumor, the bleeding may be due to the presence of fungus vegetations, or a polypus, but whatever it may be, it will be benign as a rule. When a woman who has borne children gives a history of hemorrhage, it is very likely due to carcinoma, for there has been a laceration of the neck of the womb produced by the birth of a child, and that laceration is liable to degenerate into a carcinoma. If, however, the womb has passed the change of life, say the menses have stopped at the age of forty-five, and she has had no loss of blood for three or four years, when hemorrhage again appears, I think that I am safe in saying that in ninety-nine cases out of every hundred the bleeding will be due to carcinoma.

This woman is said to be twenty-eight years of age, and has a hemorrhage and also the presence of a lump. I presume that we shall find a fibroid tumor; still she is rather young to have a fibroid tumor. A fibroid tumor at the age of twenty-eight is a rare occurrence in the white race. In the colored race it is not infrequently seen at this age.

I shall now examine her, but to-day I am going to follow a different rule from the one which I have given you. I have told you to always make vaginal examinations with your left hand. I shall to-day use my right hand because I wish to keep my left hand perfectly clean, for immediately after the lecture, I intend to perform an oöphorectomy. I find the womb much enlarged and running over to the

left side. I also find the lump to which she has referred. I also discover directly behind the uterus a tumor which seems to project from the body of the womb. The question comes up, What have we in Douglas's cul-de-sac? To decide that point, I should pass the sound, but I shall omit that to-day, because it would necessitate the introduction of my left hand into the vagina. By passing the sound and moving the uterus, I could determine whether or not this body was connected with it. There is only one symptom which makes me think that this may not be a fibroid tumor, it is tender on pressure. We occasionally come across a sensitive fibroid tumor which is in a state of congestion, or sub-acute inflammation, if you will, and this sensitiveness would be apt to lead one astray.

So long as we have not made a complete diagnosis, what treatment shall we institute? We shall keep the patient under observation and decide what is to be done. She has metrorrhagia; would it be advisable to curette? I think that there are vegetations, because there is congestion from the very presence of the tumor. As a consequence of this congestion there is increased growth, not only in the uterine tissue proper, but also in the mucous membrane. This leads to the formation of little granulations which we call fungous vegetations. In ordinary cases, it would be proper to curette a womb which contains these fungous vegetations, but a womb which contains a fibroid tumor is a vulnerable womb, that is to say, it resents insults, to use an expression which the Germans employ. It sometimes resents the passage of a sound, and it resents forcible dilatation of the cervix. I am careful how I dilate the cervix of a womb which is the seat of a fibroid tumor. I do it sometimes, but I operate with great care. Curetting is a little hazardous in a womb containing a fibroid tumor, and it might produce a peritonitis difficult to control. I shall therefore, at present, not use the curette, for this is a case that will keep. This is not going to kill her, or at least would not kill her for a good many years.

I shall to-day order her the remedies which are *par excellence* the best for fibroid tumors of the womb, and these are the ammonium chloride and ergot. I shall give ten grains of the chloride of ammonium and twenty drops of the fluid extract of ergot in solution before meals, if it does not derange digestion. These remedies seem to act better when taken before meals. If she cannot bear twenty drops of the fluid extract of ergot, the dose will be decreased to fifteen. We shall have her return in two weeks from to-day.

Before she leaves the room, I wish you to look at her face.

[The patient was then removed.]

She has the complexion usually seen in cases of fibroid tumor. That is, a muddy hue of the countenance. I feel certain from her face that she has made a mistake as to her age, and I would venture to say that she is near forty. It is very true that we come across people whose lives have been full of hardship, worry, and anxiety, who look much older than they really are, but still I feel confident that this woman has made a mistake of at least ten years in her age.

Fibroid Tumor.—The next case is one which I have not yet examined. She was sent to me by a physician who said that she had been in a small hospital in a mining town, and that she had suffered from excessive menorrhagia.

I first call attention to her face. Here is a complexion which indicates mischief somewhere. It may indicate one of three things, but which it is cannot be determined without further examination. It may be the complexion of one saturated with malarial poison. It may be the complexion of one who has lost blood. It may be the complexion of one with carcinoma. The history would render it probable that in the present instance it was due to loss of blood. Sometimes there is added to this complexion a peculiar leaden hue, and we know at once that it is due to carcinoma. As I have said, the complexion which this patient presents may indicate one of three things, either intense malarial poisoning, great loss of blood, or carcinoma, usually of the neck of the womb, from which point absorption seems to take place more readily than from other parts of the body. I do not mean to say that it is an absorption of the cancerous poison as such. When a woman has the cachectic face with the leaden hue of carcinoma, it does not mean that the poison of carcinoma as such has permeated the system. It simply means that she has absorbed something which has poisoned the blood; there is blood poisoning, not by cancer germs, but by septic germs. I say this knowingly, from experience, for when I remove the neck of the womb in these cases, and take away the raw sur-

face, the complexion will clear up, the appetite return, and the woman will become rosy, showing that the cachexia has not been due to the absorption of cancerous matter as such.

This woman is 34 years of age, has been married eight years, and has had two children, the youngest of which is three years old. Neither of her labors were difficult. Two years ago she began to lose too much blood at the monthlies. She says that they come sometimes every two weeks, then perhaps would stay away for two months, and then returning she would lose blood for a month at a time. Once she did not lose a drop of blood for six months.

We have here a history of menorrhagia and metrorrhagia. There is a distinction between these two terms, to which I may as well refer at the present time. Menorrhagia means an increased monthly flow, while metrorrhagia means simply a bleeding from the womb. If a woman has her menses every month and loses a great deal, it is a menorrhagia. If she bleeds between times, or has a hemorrhage for six weeks, it is a metrorrhagia.

This case is a little perplexing. The troublesome point is, why is it that she went for six months without having her monthlies and then have them come on with a great hemorrhagic flow, which may return every two weeks, and again cease for a couple of months? Carcinoma might be thought of, but I do not think that it is carcinoma, for I cannot see, if such were the case, that she could go six months without losing any blood. It is impossible to make a diagnosis from the history, and I shall, therefore, proceed to the digital examination.

I find a perfectly sound cervix with no trace of carcinoma. The womb is very much enlarged by a tumor which fills up the pelvic canal. The surface of the tumor feels somewhat rough. The cervix is greatly elongated, but it has been very little injured by her labors. I should like to pass the sound, but shall refrain for the reason previously mentioned.

She was sent to me with the request that I should perform oöphorectomy. The physician stated that the hemorrhage had been severe, and that nothing that he had done had arrested the bleeding. At present, I do not feel warranted in removing the ovaries, for this is a serious operation in cases of fibroid tumor. The ovaries are sometimes drawn close to the tumor, and may, as I have seen them, be stretched out to a great distance over the growth. In one case one ovary was stretched out four and the other six inches. Sometimes it is quite easy to remove the ovaries. At times the tumor may be lifted out readily and the ovaries removed without trouble. On the other hand, we often find that the tumor has contracted adhesions to the pelvis which have to be broken up. In other cases, it is a question whether it is not better to remove the womb.

The neck of this womb is unusually long, and the tumor evidently occupies the upper segment of the uterus, and, as I have said, I am disposed to think that the growth is a fibroid tumor. There is, however, a possibility that the growth may be outside the womb. It might be in the broad ligament or down in Douglas's pouch, and give the impression of being fastened to the womb when it is not. Such growths are rare and are usually movable. I think, if the sound were passed, we should find that the womb measured very little more than normal, probably not over three inches. This tumor is evidently more sub-peritoneal than mural. I presume that the reason of the irregularity of the hemorrhages is, that when she has lost so much blood, it has taken the system a long time to produce enough blood to admit of the reëstablishment of menstruation. In some cases of fibroid tumor which I have seen, the menses, instead of being increased, have diminished in amount, and in some instances have disappeared altogether. My explanation of this is, that the tumor being more sub-peritoneal than mural, has in its growth pressed on the uterus, causing it to atrophy, and I have in such cases found the uterus much attenuated.

This patient will remain with us, and we shall give her ammonium chloride with tincture of the chloride of iron. At present she is losing no blood. We shall therefore give her these remedies, feel our way along, and wait for the appearance of hemorrhage. We shall give ten grains of the chloride of ammonium, associated with ten minims of the tincture of the chloride of iron.

There is a bare possibility that this tumor is malignant. I do not know that the introduction of the sound would clear up the diagnosis. The sound might remove a little fragment of the growth which would enable us to determine its character.

Cancer of the Uterus, Invading the Bladder.—I shall now bring in a case of carcinoma, and

I wish you to compare the complexion of the patient with that of the one of whom we have just been speaking. In this patient the cachexia is due to carcinoma, while in the other case the cachexia is due to loss of blood, and if we had still a patient saturated with malarial poison also before us, I do not believe that it would be possible for you to distinguish one from the other. This last woman is 39 years of age, and has had five children, the youngest of whom is eleven years of age. She began losing blood a short time ago, and the last monthly period has been the worst. She has suffered considerable pain.

In this case, there is no use of using ambiguous language, for the patient knows what is the matter. Her physician has told her that she has a cancer of the womb. They gave her up, and she has come to us to see if something cannot be done to prolong her life.

[The patient was now removed.]

There are three forms of cancer which may attack the uterus—scirrhus, epithelioma, and encephaloid, but there is no doubt that they merge one into the other. The practical question is not so much is the tumor scirrhus, epithelioma, or encephaloid cancer, as it is a question whether or not the growth is malignant. There is only one thing about this differentiation, and that is that epithelioma is more amenable to treatment than either of the other forms. In the vast majority of cases, when cancer attacks the uterus it takes the form of epithelioma. There are some cases which seem to begin as scirrhus, and ultimately break down into the epithelial form.

There are certain popular fallacies about cancer of the uterus. One is that it is always accompanied with pain. Carcinoma of the neck of the womb does not usually produce more pain than most women experience at each period. It is only when the disease advances toward the internal os that pain is felt. When it ascends and invades the cavity of the womb the woman's sufferings are very great. You see in our practice in the dispensary the same thing. We hook tenacula into the cervix and apply powerful caustics without eliciting any sign of pain. Under some circumstances, just as cartilage, which is normally insensible, may become excessively tender, so the cervix of the womb will, under certain circumstances, become very sensitive, and the slightest touch will cause the patient to flinch, but, as a rule, in cancer limited to the neck of the womb there is no pain. There may be leucorrhœa, and that will certainly be if there is an open sore. This is a very common delusion. Over and over old physicians have said to me, "Oh, no, Doctor, it cannot be a cancer, there has been no pain." The idea of cancer is associated in their minds with lancinating pain, which cuts like a knife. When carcinoma invades external portions of the body which are well supplied with nerves these pains are present. The sensitive portion of the womb begins at the internal os, and the lining membrane is very sensitive.

I can give you a good idea of the insensibility of the cervix by relating a little incident which happened to me. I had operated on a delicate, refined lady, under ether, and removed a cancer of the cervix. A week or two later I found a point which had not perfectly healed, and I decided to apply the cautery. I said nothing to her, but had the assistant work the Paquelin cautery at the foot of the bed, where she could not see it, and I applied the hot iron to the raw surface. She did not feel it, and wondered where the smell of burning flesh came from.

Another fallacy is, that there is in every instance the cancerous cachexia. This is a great mistake. My impression is that one half of the cases which come to me do not present the cancerous cachexia. Instead of being lean, bony, and scrawny, with the leaden hue of the countenance, many of these cases present a buxom appearance, with rosy cheeks. It is my experience that such cases are less amenable to treatment, and operation is less liable to be followed by temporary benefit than in those cases which present the appearance of the patient before us. In our patient, if the disease were limited to the cervix, I should expect that the operation would do a great deal of good. Remember, then, that cancer of the uterus may exist without pain, and may appear in a woman with a blooming complexion.

Again, cancer may exist without bleeding. Before ulceration occurs it is not present, and even in the vegetating form it may be absent, although there is usually some discharge. This discharge need not be offensive, and this is another point which it is well to bear in mind.

I wish now to give you a little history of this case. She comes from a distance, and was brought here by her husband in great distress

of mind. She had been told that she had a cancer. My own rule, to which exceptions are very rare, is never to tell a woman that she has a cancer. I speak of it as a bad ulceration. Many of my patients have known in their hearts that they have a cancer, and know that I know it, and yet the word "cancer" never passes our lips. Many women say to me, "Now, Doctor, if I have a cancer do not tell me." I advise you to adopt the rule which I follow. I do not want you to lie about it, but never tell a woman that she has a cancer if you can get out of it. Sometimes a patient will ask, "Is it a cancer?" Then I say to them, "It is of the cancer family. It is an epithelioma, which is the most manageable variety of the disease." You see that I have not told an untruth, and yet I have not taken away all hope, as I should have done if I said that it was a cancer.

This woman came in a very painful state of mind. As a drowning man will grasp a straw, so she was willing to embrace anything that might do her good. She tells me that she has five children and cannot bear to think of leaving them. I said to myself, must I send her away shutting out all hope by saying that nothing can be done, or shall I do something which will produce a little temporary benefit and send her home, thinking that I have done more than I really have. I debated this question in my mind, and I concluded that it would be cruel not to do something for her, to give her, as it were, a sort of euthanasia. I said to her, "While I cannot cure you, I may be able to do something which will do a great deal of good." She jumped at the idea, and I have not disillusionized her. She thinks that I am going to do more than I can do. I think it better to give her this gleam of hope, and let the dark fact that she cannot recover come on her gradually.

When I examined her, I found a great excavation. What I thought of doing was to scrape off the vegetations, and, if I dared, cover the part with nitric acid, but a symptom has appeared which shows that the disease has attacked the bladder, and I can do nothing for her. Three days ago she began to pass blood from the bladder. The urine does not trickle into the vagina, because there is no opening as yet, but the disease has involved the bladder, and in the course of a few days the tissue will break down, and there will be produced a vesico-vaginal fistula, through which the urine will trickle into the vagina.

I cannot bear to tell her that there is no hope. I am going to use injections of permanganate of potash for a few days, and then, if after making an examination, I think that if I dare, I shall make an application of nitric acid and temporarily arrest the discharge, and then I shall tell her that the disease is a very hard one to treat, but that sometimes women will get well, as they do occasionally by sloughing. I shall give her a remedy to tone her up, and also one to restrain the rapid advance of the growth. I shall give her iron, arsenic, ergot, and strychnia. Iron to build her up, ergot to contract the uterus and diminish the amount of blood going to that organ, arsenic, because it seems to have a specific effect on these growths, and strychnia, because it acts as a tonic, and also seems to restrain the advance of the growth.

Gentlemen, there is still one other thing. That woman has not long to live. My honest belief is that she will not see many weeks in the new year. Her sufferings will, I think, be excruciating. She ought to have as much opium or morphia as will make her comfortable. Some would object to this, saying that she would get into the opium habit. She will not live long enough to contract the habit. I say let us make the last end of her life as comfortable and peaceful as we can. Give her opium in any form or amount that she chooses to take it, exercising a little restriction in the beginning. I usually begin with suppositories containing one grain of the aqueous extract of opium. In this way the remedy is brought near to the painful part, and one grain used in this way is, I think, equal to two grains given by the mouth. After a time the parts may resent this and suppositories are expensive. Then give morphia either in solution or in granules. One of my patients took thirty-five grains of morphia per day for the last few days of her life, and I did not begrudge it to her.

This is then the history of a case of carcinoma. As I have said, I cannot bear to say cancer to these patients. If they are told that they have a cancer they go down hill rapidly. Some years ago I was asked to see a case in this city. The Doctor said to me, "This is a sensible, Christian lady, and, I think, if you find a cancer, it would be best to tell her so." I found a cancer and told her so. She took the announcement very calmly at the time. A short time afterwards I saw the physician, and asked him about this lady. He said, "She is

dead. She had been going around the house, but after she knew that she had a cancer she never got out of bed, and went down hill rapidly." It is a cruel thing to do, so never do it if you can avoid it.

DIAGNOSIS OF DISEASES OF THE NERVOUS SYSTEM.

BY J. T. ESKRIDGE, M.D.,

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[Delivered by invitation before the El Paso County Medical Society, Colorado Springs, Colorado.]

LECTURE III.

MR. PRESIDENT AND GENTLEMEN: In the previous lectures we have passed in review the subjects of tendon reflex and electro-diagnosis. To night, I purpose paving the way for studying the systematic and mixed lesions of the spinal cord. Not many years ago, a celebrated French humorist, afflicted with what we now know to have been posterior spinal sclerosis, being expostulated with by his friends for consulting every doctor of note, replied, "That he desired to be able to tell the angels in heaven how little the doctors on earth knew about diseases of the spinal cord." Already this opprobrium has been removed by the brilliant results obtained by a host of indefatigable workers in the field of neurology. By anatomical research, experimental physiology, and pathological observations, we have come to understand the anatomy, functions, and diseases of the different portions of the spinal cord but little less clearly than those of any other organ of the body.

In investigating diseases of the cord caused by blows, tumors, or focal softening, which may take place at various levels, it must be borne in mind that the cord does not extend the whole length of the spinal canal in the adult, but ends at about the lower border of the first lumbar vertebra. In the cervical region the differences in the relative heights of the origins of the various pairs of nerves and vertebræ from which they are named, and at which they make their exit from the canal is least, but as we descend this difference in height of nerve origin and its corresponding vertebræ increases, and, in the lower portion of the spinal canal, the nerves, forming the cauda equina, have a long course after leaving the cord before reaching the foraminæ, through which they pass (Gowers). As non-inflammatory softening of the cord, when it occurs, is usually found in the lumbar region, it will be well in this connection to call your attention to the blood supply of different portions of the cord. According to Dr. Moxon the upper portion has more ample means for its nourishment than the lower. I quote the latter part of his description of the arteries of the cord: "In the part of the cord corresponding to the neck, upper extremities, and trunk, where the nerve roots are short, the reinforcing arteries are also short, and they reach and join and furnish blood to the spinal arteries, so that in this part of the cord every segment of it is supplied with blood from two directions, the anterior spinal artery blood from above, and the reinforcing artery from below. But when you approach the tip of the cord the supply from below becomes exceedingly precarious, and even apt to fail entirely, because, upon the long strands of the cauda equina, the small arteries are too narrow and too long to reinforce the blood with any certainty. But, at the same time, the supply from above has to be furnished with greater difficulty than in the upper regions of the cord, because the original anterior spinal artery is very far away, and the reinforcing arteries, even in the lumbar region, have to run considerably longer courses than they had in the cervical region."

The spines, the only portions of the bony column that we can feel, do not exactly correspond in height with their respective vertebræ. In the cervical region the spines are nearly opposite the lower borders of their own vertebræ. In the dorsal portion, from the first to the eleventh spine inclusive, the tip of each spine corresponds to the upper border or middle of the vertebra below; whilst in the lumbar region the spines slope less, and are opposite their own vertebræ.

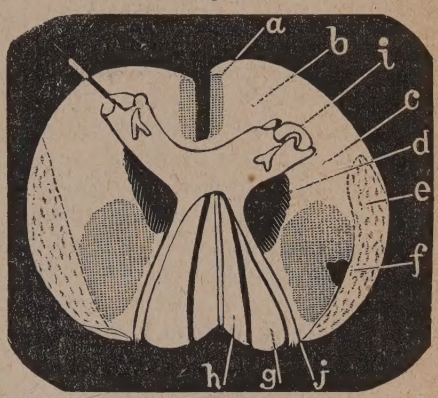
In attempting to locate lesions occurring at different levels of the spinal cord, we are materially assisted by first ascertaining what nerves are involved in the diseased process. But to do this we must know the relations of the origins of the spinal nerves to the spines of the vertebræ. The first two cervical nerve origins are above the first cervical spine. The third cervical nerve origin corresponds to the first cervical spine, the fourth to the second, and so on to the eighth cervical nerve, which takes its

origin opposite the sixth cervical spine. The seventh cervical spine corresponds to the origin of the first dorsal nerve, the interval between the last cervical and first dorsal spines to the origin of the second dorsal nerve, the second dorsal spine to the fourth dorsal nerve origin, the third to the fifth, the fourth to the sixth nerve origin, and so on, each nerve origin being in number two in advance of the spine opposite which it takes its origin, to the tenth dorsal spine, which corresponds nearly with the origin of the twelfth dorsal nerve. The origins of the lumbar and sacral nerves are found between the spines of the eleventh dorsal and second lumbar vertebræ. [See diagrammatic representation of the vertebræ, their spines, and the relation of the latter to the nerve origins, on page 6 of Diseases of the Spinal Cord by Gowers.]

If we examine a transverse section of the cord in the cervical portion, we shall find it anatomically composed of two lateral halves incompletely separated from each other by the anterior median fissure and posterior median septum. The two halves are connected by a commissure of gray and white matter. The anterior portion of the commissure is made up largely of white, connecting fibres, and is known as the anterior or white commissure; the posterior portion is composed of gray matter, and is called the posterior or gray commissure. In the centre of the latter is found the central canal of the spinal cord. The gray matter is completely enveloped by white nerve fibres, which have a longitudinal direction. The gray substance of each half approaches nearest the external surface of the cord anteriorly and posteriorly, forming the anterior and posterior cornua. The anterior cornua contains the large multipolar cells, whose diseases form so important a part of the pathology of the spinal cord, and give origin to the anterior or motor nerve roots. The posterior cornua are narrow, extend almost to the posterior surface of the cord, and are connected with the posterior or sensory nerve roots. The white matter of the cord is external to the gray. That portion, on each side, between the posterior cornua and posterior median septum is known as the posterior column, whilst that which extends from the posterior cornu to the anterior median fissure, is designated the antero-lateral column. Charcot says, "The experimental method has not sensibly modified these data of descriptive anatomy, in the analysis of the functions of the different fasciculi, and the several parts of the gray substance. It has distinguished the properties of the antero-lateral fasciculi, taken as a whole, also those of the posterior, and of the two great regions of the gray substance, and it has not gone much beyond that." (Diseases of the Spinal Cord.)

But careful pathological observations, and the comparatively recent researches of Flechsig and Parrot on the development of the spinal cord in embryo and during infancy, have subdivided the so called anatomical columns into a number of fasciculi, most of which have distinct functions, but each individual fasciculus has apparently little more relation to adjacent fasciculi than that of continuity.

Fig. 1.



a, Anterior, or direct pyramidal column (column of Turk); *b*, Principal mass of the anterior column; *c*, Anterior mixed region of the lateral column; *d*, Lateral boundary layer of the gray substance; *e*, Direct cerebellar fibres; *f*, Crossed pyramidal column; *g*, Posterior external column (column of Burdach); *h*, Posterior internal (column of Goll); *i*, Anterior nerve root; *j*, Posterior nerve root.

The anatomical posterior column has been divided into two fasciculi. The internal fasciculus, known as the posterior internal column, or column of Goll, is narrow, and extends from the posterior median septum to a slight depression on the posterior external surface of the cord, a little to the outer side of its median line (*h*). The remainder of the white matter found between the posterior internal column and the posterior cornu, constitutes the posterior external column, column of Burdach, or posterior root zone of Charcot (*g*). In like manner the antero-lateral column of the books has undergone subdivision into six fasciculi (Flechsig), the functions of only two of which are definitely known. The posterior portion of the lateral column is occupied by the crossed pyramidal column (*f*), which is large in the cervical region,

and does not in this situation extend up to the surface of the cord. As the crossed pyramidal column descends, it approaches the surface nearer and nearer, its fibres become fewer and its size smaller, until we trace it into the lumbar region, where it is quite small and reaches the surface of the cord. Between the surface of the cord and the crossed pyramidal tract, in the cervical and dorsal regions, is a narrow space, which contains the direct cerebellar tract or fibres (*e*). Internal and anterior to the crossed pyramidal column is a mass of white matter, which bounds the gray substance externally, and is known as the lateral boundary layer of the gray substance (*d*). These fibres of white matter, as we shall see when we come to study the functions of the different fasciculi, appear to have some pathological interest. On each side of the anterior median fissure are narrow columns of white matter, which form the direct pyramidal tracts or columns of Türk (*a*). The white matter (*b*) between the direct pyramidal tract and the anterior nerve root, and the white substance (*c*) found between the anterior nerve root and the crossed pyramidal tract are mentioned by Flechsig in his subdivisions of the antero lateral column of the cord, but of their functions and pathological significance we are entirely ignorant. I therefore deem it unnecessary to more than refer to their situation.

[Concluded next month.]

ORIGINAL COMMUNICATIONS.

MEDICAL LEGISLATION AND "STATE MEDICINE," IN TEXAS.

[Read by invitation before the Convention of the Association of American Medical Editors, New Orleans, April 27, 1885.]

BY F. E. DANIEL, M.D., AUSTIN, TEXAS,
Editor Texas Courier-Record of Medicine, Secretary Association of American Medical Editors, etc.

[Concluded from the July number.]

THERE is published at the capital, in their interest, and under the auspices of the said Association, a little pamphlet, which, while claiming to be a "medical journal," is, in reality, admittedly, a "missionary" publication for the popularizing of homœopathy. It is freely and gratuitously distributed among the laity, and as freely circulated amongst the members of the Legislature. Its chief aim and object, next to putting money into the pocket of the person who seems to be running the homœopathic machinery in the State—the editor (?) so-called—is taking advantage of our no-laws, and the absence of restrictions on the practice, to promote the immigration of others of their persuasion, who find it uncomfortable in States like Illinois and West Virginia, by advertising "good openings for homœopathic physicians in Texas." This person had the precious assurance to propose to the committee from the Texas State Medical Association, a "joint conference to frame a bill equally acceptable to both schools." Of course, this impudent proposition was thrown into the waste basket, and the writer was informed that "the Committee on Medical Legislation had no authority to entertain any such proposition." This refusal, as, indeed, every pretext, even to personal affronts which his presumption entailed on him, was used to create in the minds of the people, and of the legislators particularly, the impression that the effort at legislation on the part of the Texas State Medical Association (the "old school" as they call it) was a "blow at the extinction of homœopathy." So successful was their game, through the aforesaid publication—by letter, by newspaper publication, by circular and pamphlet, and by personal buttonholing of the credulous "Solons" (as the members of the Nineteenth Legislature were called in derision)—that they did, indeed, by persistent misrepresentation, perversion of facts, and downright falsification, create a belief that the whole thing was a "doctors' fight," that the "weaker party," as they represent themselves, was being oppressed and persecuted; and thus was engendered a spurious sympathy for the "little dog in the fight," and, gentlemen, this too in the face of repeated assurances to the contrary, assurances that the object of the proposed legislation was the restriction of the privilege of practising medicine to the hands of those who are qualified for the grave responsibilities without regard to diploma, and without regard to the source whence the qualification and fitness were acquired; examination on branches supposed to be taught in all schools being the test, to separate the competent from the incompetent, be they "allopath," homœopath, or nopath, "regular," irregular, or defective; in short, to provide the people with a better class of doctors, in the interest of the public safety.

In some way these persons made their impression on the leading paper in the State, the Galveston News, for in the same issue which

contained a long letter from this homœopathic agitator, which letter one of the proprietors of the News assured us was "paid for—a good round sum," there appeared an editorial in which the effort at legislation was stigmatized as "an absurd and tyrannical scheme to create a Board of Medical Dictators at the Capital." The inference as to the motive of the News is too clear to require elucidation at my hands.

The so-called "eclectics," claiming to be one hundred and fifty strong in Texas, have also a State Medical Association. These arrayed themselves on the side of the homœopaths, and calling to their aid the "lame, the halt, and the blind" of the profession, so to speak, the unclassified, the rag-tag-and-bob-tailed, those who feel, or pretend to feel, that they are the special objects of the proposed legislation (they know best), made common cause against legislation on behalf of legitimate medicine. Their pronunciamento, called a protest against the passage of the medical bill, was chiefly remarkable for buncombe and bad grammar.

But, unless I except the broad and comprehensive ignorance and penuriousness of the Nineteenth Legislature, the one thing which contributed most to the defeat of the measure was a document emanating from men whose intentions seemed to be good, but whose judgment was extremely defective, while their want of sensibility and their inconsiderateness were surprising; members of our own ranks, even of the State Association. These gentlemen thought they could get up a better bill than any committee could, and accordingly gave expression of their ideas in a draft of a bill ten times more thoroughgoing and strict in its requirements than the one proposed by the committee, or any which the judgment of veterans in the cause told them would stand the ghost of a chance before such a body. These gentlemen protested against the passage of the bill submitted by the committee (although the committee had plenary powers to act for and in the name of the Association), but urged in vigorous language the passage of their own as being the thing, the only thing to "suppress quackery" and protect the public from incompetent doctors. Hence this document, which our enemies hastened to proclaim everywhere a "protest," had all the moral effect of a protest, and to create the belief that the profession were not united in desiring said legislation.

This, briefly, gentlemen, is a history of the last attempt at procuring a law to regulate the practice of medicine in Texas.

The difficulties in the way of medical legislation are peculiar and almost innumerable. Dr. S. F. Starley, in his Presidential Address at the Fifteenth Annual Convention of the State Association, spoke as follows:—

"Legislative enactments for the protection of the public against this species of imposture have generally failed of their object, and the best directed efforts of organized medicine in behalf of professional attainments, and a correspondingly greater security to life and health, will also prove unavailing, as long as our efforts are not supported by the masses; and this we cannot expect until we succeed in unmasking the grim skeleton of charlatanism which has crept into the very temple of Æsculapius, and grins so horribly through the flimsy texture that misplaced charity and forbearance have so long permitted to cover its hideous mien."

The people need to be educated on the subject. Unsuspecting, they do not know when they are being imposed upon, they have no means of discriminating, of distinguishing the competent from the incompetent, nor have they the faintest conception of the danger that lurks often beneath a suave manner and a pleasing exterior—the danger of being murdered under sanction of law by their chosen "family physician," whose oily tongue has, perchance, made them believe that he is a savior, and that all others are fallible. The child dies, perhaps, directly from the effects of an overdose, or, what is equally culpable, for the want of the proper treatment. It is laid to the "Lord," and the parents are besought by the hypocritical scoundrel, with mock humility, to be reconciled to the will of God, "The Lord giveth and the Lord taketh away," they say. No one ever knows the true cause of death, and the murderer goes unwhipped of justice.

What is more, the people do not appear to want to be protected. If warned, they impugn the motive, and question the veracity of your statement. They do not look at the matter as we do, they do not know the abuses of the privilege of the practice as we do, and hence it is difficult to make them understand or believe there is any necessity for such law. They say "this is a free country," and they claim the privilege of sending for whom they choose,

and to go to the devil after their own fashion, if need be. Indeed, and my readers will hardly credit my statement, I fear, this was urged as a strong point against the bill, that it was proposed to deprive a poor man of the right to select his doctor. So insidiously have the objectionable classes worked, that there is a widespread belief that one class of doctors are trying to get the upper hand of all others, and the people cannot or will not divest themselves of this unworthy suspicion. It is this that engenders prejudice against all such efforts in this State, and the opposition to all medical legislation springs from this suspicion. In vain was State pride appealed to, in vain was it represented that the right to regulate the practice of medicine is a statutory right, subject to whatever restrictions the law-making branch of the government may see fit to impose in the interests of health and life, as restraints upon the ignorant, incompetent, and dishonorable; and that this right has been recognized universally throughout the American Union, that in pursuance of it twenty-six States have adopted just the course we are now asking our State to pursue. It was demonstrated that in those States the results have been most salutary, instances were cited showing the benefits derived from such measures, not only in bettering the condition of the people, but in elevating promptly and permanently the standard of medical education, thus insuring a better generation of medical practitioners than those now practising, many of whom are tender shoots from the numerous medical hot-houses of the country, but all in vain; people, and legislators, and newspapers, clinging to the Cimerian darkness of the past, and still further blinded by prejudice, seem to think that Texas is an exception to the rule, that a policy demonstrated to be wise and beneficial in other States would be oppressive and anti-republican in this, that a right seized and exercised in other States in accordance with the decision of the highest tribunal of the land, is an open question here; hence people, and legislators, and malcontents, and narrow-minded and venal newspapers pretend to believe that all such representations as to the "protection of the public" is false pretence, that the real object of the Medical Association and the Committee on Legislation is to crush out competition, declare against such right and policy, and cast, as they say, their sympathy with the "bottom dog."

Such, gentlemen, are amongst the reasons why it has never been possible to get passed any law to regulate the practice of medicine in Texas. The chief reasons yet to be told—the incapacity of the average legislator to grasp the fundamental idea underlying the simplest question of State policy—these reasons should suffice to show why the committee asked for less than our critics thought should have been asked for, and why, also, the two principal branches of medical study were omitted from the examinations provided for in the bill. It was said to be unfair to measure homœopaths by our standard of requirements, and, if we did not wish to drive them to the wall, and out of the field, why do we insist on examining them on branches on which the "schools" of practice differ? The concession was made, but still in vain, nothing would suit them, they would object to any kind of examination on any subject, by any kind of board, as likely to constitute a bar to the steady stream of incompetents settling in Texas under the guidance of the missionary "medical" (?) journal mentioned above. This concession was a graver mistake than the first, and measurably aided ultimately in the defeat of the bill, and compromised us as well. We declare that we do not recognize homœopaths, yet we defer to their wishes, at the same time refusing them consultation, we try in vain to please them in the matter of regulating the practice.

The mistake is in only passively ignoring them. I would ignore them actively and entirely, and, not considering them physicians, or as practising medicine within the meaning of the word—exempt them from examinations. Let them practice, but confine them to homœopathy. Nobody was ever killed or injured by one or one thousand of their infinitesimals. But "there's the rub," many, while professing to be homœopaths, "trading on the name," as the saying goes, practice on another principle, and some even pretend to be surgeons. With adamantine cheek and appalling assurance, with an utter disregard for consequences they will essay the gravest, most difficult, most sanguinary operations, and, although the victim (I had nearly said patient) dies on the table, or soon after being removed, often, they claim a "brilliant success," and rush into print in their hybrid journal and the newspapers, often before the funeral service has been read.

"Fools will rush where angels dare not tread."

It would be quite safe to consider this class as not physicians, and as not "practising medicine" within the definition of the law, and so long as they give pellets and adhere to their harmless dilutions, to exempt them from the penalty provided by the law, and thus exempt them from examination also. But how can they be restrained from meddling with surgery? Would it be possible to separate the art and science of medicine from that of surgery, and in future legislation make the discrimination, *i. e.*, to examine homœopathic "surgeons," but not homœopathic physicians (?) (save the mark)? This question is worthy of consideration, in view of the fact that homœopathy constitutes the problem that confronts us not alone in Texas. What shall we do with them? What is their status in medical practice and medical legislation? Are they physicians, or are they not physicians? It is with regret we observe the construction put upon it in Massachusetts. In the Massachusetts committee's circular they say, "After consultation with the best men in the profession, without regard to modes of practice."

Now, with reference to State Medicine, in its general and full acceptance, it may be said to be an unknown quantity in Texas. The only application we have of the grand idea is, in a system of quarantine, more or less complete, administered by a State Health Officer. The State Health Officer performs only this one function of a Board of Health, but in that department he has plenary powers. True, there is a law on the statute books providing for the registration of vital statistics, but, as it is made nobody's business to report the facts, it is a dead letter. There is no provision for the examination of adulterated or deteriorated food, nor for any other hygienic measures so important, the execution of which is usually entrusted to Health Boards or health officers. It seems the Eighteenth Legislature had some qualms of conscience on the subject, and feeling ashamed perhaps that such is the case, made a very feeble effort in the direction. They appropriated two thousand dollars for the investigation of adulterated food, and assigned the duty to the quarantine officer. This gentleman not being an analytical chemist, made no examinations, and expended not one cent of the appropriation, thus clearly intimating that he thought it was none of his business. He did, however, make a very interesting report on the subject.

The Committee on Legislation was entrusted with the duty of drafting a bill to create a State Board of Health also, in addition to the bill to regulate the practice. They did so, and presented it to the senator who had offered his services and agreed to champion the cause; much to our surprise he declined to present it, saying he "could not support it because it would array against him certain influences which he did not wish to antagonize, amongst them that of the State Health Officer." This was a revelation to the committee quite unexpected, inasmuch as the State Health Officer is a prominent and popular member of the State Association, and is known to be friendly to medical legislation, but it was discovered he had good reasons for objecting to the bill in that precise form, and, as he had more friends and more influence than the committee had, so much more, indeed, as has just been said, that our chosen champion dared not antagonize it. His reasons were, that there were enemies even of the quarantine system, as satisfactory as it has been, and that there was a strong probability that it would be attempted to absorb the entire system into a Board of Health bill. Otherwise, if the bill were passed without doing so, it would be an anomalous condition of things, two organizations whose duties would be the performance of one function. Under these circumstances it was deemed wise to let well enough alone, and instead of attempting to create a State Board of Health *de novo*, and thus jeopardize the office and the system as now in existence, it was proposed to enlarge the functions of the officer, and to build on the present system, that is, having provision for quarantine, it was proposed to add the other functions of a Board of Health, the registration of vital statistics, and the examination of adulterated food, etc., for a Board of Health comprehends quarantine, but a quarantine system is by no means a Board of Health. Accordingly, a bill was drafted to make the Health Officer *ex-officio* President of the Board of Health, to be composed of himself and three other physicians, and a chemist, to be appointed by the Governor, one of the physicians to be Secretary and Superintendent of the Bureau of Vital Statistics, and the executive officer of the board, and to receive a salary of $2000, the other two physicians being merely adjuncts, to serve without compensation, while the chemist was to receive the first year the $2000 which

had been set aside for the investigation of adulterated food, but which was untouched. It was necessary, therefore, to ask for an appropriation of $3000 the first year, to pay the secretary and the incidental expenses of the office, a very small allowance you will admit.

If possible, this bill was even worse treated than the bill to regulate the practice. It was referred to the Committee on Public Health—all doctors. An argument was submitted, adapted to the comprehension of a child. It begun with a definition of State medicine, and gave illustrations of its application. The good results obtained in other States by Boards of Health were cited; statistics from the British Public Health Bill and Dr. Farr were quoted; it was shown that in consequence of sanitary reforms instituted as a result of the compilation of vital statistics, in a period of seven years, two years had been added to the life of every male, and three years to the life of every female in the Kingdom of Great Britain, thus lengthening the life of the entire population six and a half per cent. This committee of Solons was reminded of a disastrous experiment recently tried in the interest of retrenchment. To save a matter of $2000 to the State, under pressure, and contrary to his judgment, the State Health Officer had discharged two of the inspectors at a seaport town. In consequence of this the yellow fever crept in, a mild epidemic lighted up, and it cost the State $22,000 to suppress it. Thus it was demonstrated that prevention is not only better than cure, but in the present instance many times cheaper. All in vain. The reply was, "No doubt, gentlemen, a Board of Health is a good thing to have, but there is a deficiency in the treasury, and Texas cannot afford to appropriate the $3000 asked for," or words to that effect.

Comment is unnecessary. But I cannot resist the inclination to comment on this singular and mortifying occurrence. Texas, so great in all else, with her school fund of $90,000,000, the largest in the world; with her 1,500,000 bales of cotton annually produced, the peerless cotton State of America; with her taxable values of pens, 6,000,000; Texas, 850 miles long by 750 miles wide, with her public domain of 172,000,000 of acres, cannot afford about eight dollars a day in the interest of the health of her millions of people. For shame! Had the excuse been any other on earth, we should not have been so humiliated. It sounds like a miserable mockery! My hearers, in view of my defence of the intelligence of the State, may think me inconsistent in accusing the legislators of ignorance. There is much learning, talent, and statesmanship in the great State, but it is not, as a rule, found in the Legislature. It cannot be said that there was ever an "elder day, when to be a Roman [Texas] senator was greater than a king," but certain it is, that the halls that once resounded to a Houston's voice, or echoed the eloquence of a Coke, were not without honor. Once, to be a member of the Legislature was an honorable distinction, but at the present time it is questionable, at least. The better element cannot be induced to represent their constituency, and, as a rule, those who seek the position do so for the miserable little *per diem* of five dollars. Were not the action of this body as related above enough to convince you of the correctness of my statements, this fact should give you an adequate idea of the material which composed the Nineteenth Legislature, and on which the Texas State Medical Association feel that they have wasted their eloquence.

And so it is to-day in my State, gentlemen, anybody and everybody calling himself doctor, exercises with perfect impunity the dangerous privilege of practising medicine, and quackery runs riot, while charlatanism holds high revel. Indeed, these characters may say to our unsuspecting citizens, like the Veiled Prophet of Khorassas, "Ye would be dupes and ye are!"

CLINICAL HISTORY AND TREATMENT OF "LICHEN RUBER."

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[Translated by Prof. HUGO ENGEL, M.D.]

[Continued from last number.]

LICHEN OBTUSUS consists of medium sized papules, 3–5 mm. in average though sometimes reaching the size of whole pepper and even that of a pea, half-circularly formed but flattened on top, and provided in the centre with a fine indentation, hard, dry, smooth, wax-like, translucent, bluish to brownish-red, and scaleless. Independently of their color, those of moluscum contagiosum are perhaps the only papules resembling those in question. Lichen obtusus is far less acute than lichen acuminatus, itches less, and is mostly circumscribed. But left to itself it may within a few weeks spread over the whole body, though

in such a case larger areas of healthy skin are generally met with between the single efflorescences. Papules standing near together may form larger plaques, in which case those in the centre may either atrophy or remain. When a cure has been established, decidedly brownish pigmented, somewhat cicatricially thin spots appear in the place of the papules. Hair and nails never suffer in lichen obtusus, which also never ends in marasmus, at the most the nervous system and the general nutrition may ail in case of great extent and of long duration of the complaint. The internal administration of arsenic has much less effect in lichen obtusus than in acuminatus, though it cannot be said to be totally without result. Cases of great extent can certainly be quickly cured only by the carbolic-sublimate inunction cure, while single "lichen" papules may be removed with strong solutions of chrysarobin, sublimate, or salicylic acid in collodion, or with traumaticin or with suitable plaster gauzes.

Lichen planus, if typical, represents perfectly flat, red spots, but little elevated above the level of the skin, of 6 mm. to 4 cm. in diameter, though also from the size of a split pea to that of a dollar. They are completely flat, or dinner-plate like, *i.e.*, at their edges somewhat wall-like, elevated and depressed in the middle, even below the level of the healthy. The surface is smooth, often covered with a scale as thin as tissue-paper. If they are spread over the surface one occasionally observes here and there bluish-white spots of the size of a mustard-seed, which, on careful removal, represent milium-like, horny bodies. The genesis of these flat papules is not so simple as that of the acuminated and the obtuse. Especially in pure cases of totally circumscribed lichen planus, one notices the single spots gradually developing by coalescence from a correspondingly larger group of exceedingly diminutive lichen papules, which have a diameter of about 1 mm., and are red, smooth, and flattened on top, and often evince on microscopical examination a minute depression, representing, therefore, single obtusus papules in miniature. In other cases a development from small, elementary papules cannot be demonstrated, a red spot at once shows itself, which gradually increases in size, and becomes darker in color and elevated above the level of the skin. I have further made the observation, that the same "lichen" spots may form from obtusus papules, which already commence to heal and are flattened, they, on a fresh aggravation of the disease, spreading in surface and assuming the planus character. And, finally, I have every reason to believe, that from a group of acuminatus papules in the course of time a planus papule may also develop itself. With perfect justice one might acknowledge, therefore, primary and secondary planus papules, if this would not unnecessarily complicate matters. The character of planus always consists in the fact that the papillary body evenly suffers, while in acuminatus and obtusus the parakeratosis comes into the foreground, and mainly an alteration of the epidermis forms itself here at the hair follicle, there at the sweat follicle. In consequence of the various participation of the histological elements of the epidermis, the same cause at once changes the clinical picture. As the beginning, so also varies the end of the planus spots. First, they have the advantage to increase in surface, a fact of limited application in obtusus papules, and of none in acuminatus papules. Then the horny layer occasionally rises as a superficial vesicle. In other cases it hardens and concentrates itself to a horny mass. (Vidal, lichen corné.) As a last result, figurates as in the other forms, the remedial atrophy, which is also often followed by a very dark pigmentation. The planus papules are, of all lichen papules, the most likely to remain isolated, they grow and multiply the slowest, and, as a rule, do not at all influence the general health. But they may also, and in a pure form, develop into a grave, universal skin disease. In lichen planus arsenic also has much less effect than in acuminatus, as injection a little more than if administered internally. Regarding the effect of the inunction cure I still have too little experience, but I do not doubt that in the universal forms it will here also be the best remedy. The usual isolated spots appearing singly, I have removed singly, and pretty rapidly, with mercurial arsenic plaster gauzes, sublimate collodion, and with salicyl-collodion.

Aside from these three pure types of "lichen ruber" there yet are transition forms, lichen obtusus and planus frequently appearing together, less often lichen acuminatus and planus, and most rarely lichen acuminatus and obtusus. These forms either appear mixed from the very start, or one follows the other and partly develops from it. The frequent union of obtusus and

planus has caused their being mistaken for each other. Much of what has been described in England and America as lichen planus, indeed, belongs to obtusus. The pure cases of planus and those connected with acuminatus demonstrate, however, sufficiently the independent position, which planus must occupy. I have therefore endeavored a description, which greatly differs from Wilson's first description, in which the obtusus is better recognized than the planus. To avoid in future every and all mistake, I once more place here in tabular review the various forms and relations of size of the three varieties.

ACUMINATUS.	OBTUSUS.	PLANUS.
Conically pointed.	Half conically flattened.	Flat, dinner-plate like.
1–2 mm. in diam.	3½–5½ mm. in diam.	6 mm. to 2–4 ctm. in diameter.
Covered with solid scales.	Smooth, without scales, wax-like, translucent.	Often cov'd with exc'dingly thin scales.
Without central depression.	With fine central pit.	Without pit, with white points.

And now one word more regarding popular names of "lichen" papules and similar efflorescences in general. The very natural custom has gradually been promulgated to compare these pathological products to vegetable seeds, and the comparisons with certain special seeds has received special favor. This is the more wrong as some of these seeds have an elliptical shape and are not round, as the efflorescences of "lichen." If one desires for the purposes of rapid comprehension to employ well-known vegetable substances in comparison, one ought always to select at least round ones for round eruptions, and the following graduated table would be better suitable in such cases:—

SEEDS.	LIMITS.	DIAMETER.
Raps.....	1½–2 mm.	1¾ mm.
Mustard.....	2–2½ mm.	2¼ mm.
Pepper.....	3½–4½ mm.	4 mm.
Split peas.....	4½–5½ mm.	5 mm.
Lentils.....	5–7 mm.	6 mm.

The various types of "lichen" according to this table, might, therefore, be classified about as follows: Acuminatus might be considered to be of the size of raps or mustard seed, obtusus of that of pepper or split peas, and planus at least that of lentils, but often four to five times their diameter. The fine papules from which planus, though not always, often develops, because of their smallness, cannot be compared in this manner. The signifying of "pin-head size" is totally to be discarded as fantastical, and too much depending upon fashion. The best always is to make diligent use of the millimetre measure, especially in future works on "lichen ruber."

The observations published will henceforth enable us to decipher more accurately the rather confused history of "lichen ruber," and I would consider the main part of my work solved, if I should have succeeded in mediating the main divergence of the Vienna school, on the one hand, and of the English and French schools on the other. I now turn, therefore, to a historical, critical review.

All authors agree that F. Hebra first taught us the knowledge, in the first edition of his work (1860), of the disease to-day known as "lichen ruber." Reading to-day his excellent description, written, as it is, with the genius peculiar to Hebra for the perception of that which is most characteristic, we cannot but confess, that in more than one respect it is one-sided. Hebra, in his description, doubtless took into consideration only grave cases of lichen acuminatus, which had already been in existence for a long time. This is the reason why his description of the final stage of lichen acuminatus as a general disease of the skin—the thickening, difficulty of motion, the fissures of it, the co-affection of the nails, the ultimate marasmus and death—occupies so prominent a place, that many later observers, who had only the opportunity of seeing milder cases of acuminatus, and the by themselves always milder cases of obtusus and planus, in consequence of his description, could be easily led to believe that they had a decidedly different malady before them. But in another respect Hebra's picture was also one-sided, for he described only the acuminatus variety. The single efflorescences are mentioned by him as "minute papules, of the size of millet seed, in the beginning isolated and covered by thin scales." As he speaks neither of the wax-like transparency nor of a central depression, but especially of a minute scale, he can have meant only the single efflorescence of acuminatus, never that of Wilson's lichen planus, though the epithet millet-seed size suits as little as the symptom following it, that they cause but little pain. If the former term more corresponds with the established custom, to compare the smallest skin efflorescences with a millet seed, the latter symptom of the moderate itching, indicates that Ferd. Hebra at that time had not yet observed quite recent cases of acuminatus, such as set in like an acute exanthem. The papules, which later

appear, generally no longer itch, also because they appear much slower in the same degree, and the papules are not scratched until they bleed, because, as Ferd. Hebra believes, they do not itch so much, but because they consist, in contradiction to the papules of eczema, of abnormally dense and dry tissue.

In the year 1869, Erasmus Wilson published in the Journal of Cutaneous Medicine (Vol. III.), his observations regarding a form of "lichen,'" which he was justly entitled to consider a skin disease not yet described and an original discovery of his own. The single efflorescences constituting this disease are described with equal precision as flat, smooth, and lividly red papules, depressed at their points, angular in their circumference, slightly elevated, of a diameter of from one to three lines, covered with a transparent, horny layer, but not with a scale, and provided with a central pit, and leaving behind them a strong pigmentation. These papules, besides, evince an inclination to group formation, a property not at all possessed by those of acuminatus.

There is not a shadow of a doubt, that Wilson, in this description, thought of lichen obtusus and planus, so frequent in England and America; but especially of the first. He believed this form to be a variety of Hebra's "lichen ruber," and a milder kind, on account of the gloomy description in Hebra's first edition. In his Lectures on Dermatology (1873) he states the identity of both affections, grants to Hebra the honor of priority, and considers himself entitled only to change the name of the whole group to lichen planus, the main character being the flatness of the point and not its redness.

We may draw thence the conclusion that Wilson then knew the large, universal form of lichen acuminatus as little as Hebra at his time the other varieties of "lichen." But in the second edition (1874), Hebra tried to correct this mistake, while Wilson, at the same time, as most English, French, and American investigators, simply for this reason never understood correctly the lichen acuminatus, because they did not see a larger number of typical cases of it. Hebra had meanwhile the opportunity to study, even if not in the same degree, the latter and the quite flat forms. And the description of the "lichen" group, therefore, appears in this second edition in a very changed form. This old description, above quoted, is followed by the sentence: "The papules appear in a twofold form" and as second form, and singular to say, without mentioning "Wilson's name," Wilson's form is introduced with these words:

"In another case, the papules are also, as a rule, disseminated and alike, of the size of a millet seed, but pale-red, of wax-like glimmer, at their upper surface, smooth, rounded (not conically pointed), and provided at their centres with a very minute but plainly recognizable, pit-like depression."

In the same manner the mode of extension is also later augmented by a description of the group-like forms which lead to the formation of plaques of the size of a lentil to that of a dollar, and at this occasion Hebra describes the by no means so frequent, but later, in all textbooks, disgustingly as typical repeated property, that in a group the central papules under pigment development atrophy and give way, while the wax-like, translucent, marginal papules remain, so that the whole looks like a broach set with pearls. Surely not all authors had had occasion so frequently to observe just this form, as it seems to have been the case according to this description. Of importance, is only that Hebra observed both forms in the same individual, and thus came to be convinced of their natural belonging together. From this he concluded that the final stage of lichen planus is the same as that of acuminatus.

"In the first mode of extension the whole integument of the body suffers earlier; in the second, later, but in the course of years for certain." I say, Hebra *concluded* this to be the case from their belonging together, for he never can have observed the marasmus in lichen planus, as all English and American investigators, who have seen and published relatively far more of lichen planus, do not report the least of it, but, on the contrary, adhere to the benign character of planus, and as Hebra, on the other side, has described far too little the rarer, and by him only later studied planus form, to attach to his description the full weight of that of Wilson and his successors, Tilbury Fox, Bulkley, Duhring, etc. If he had really observed a case of marasmus in lichen planus, he would himself have published it as a unicum. Totally characteristic for this later incorporation of lichen planus into the frame of his old "lichen ruber," of the first edition, also is the characteristic of the affection in the differential diagnostic table, which in both editions has been incorporated in the chapter on "lichen."

Lichen Ruber, 1860.	*Lichen Ruber*, 1874.
Papules of the size of a millet seed, red, discrete, covered with few scales, not excoriated, ***not in groups***, not distributed over the whole integument, occupying generally only single parts of the skin, mostly the extremities.	Papules of the size of a millet seed, red, discrete, ***or in groups***, covered with few scales, not excoriated, ***or rounded***, and pitted brown-red, wax-like, translucent, not distributed over the whole integument, occupying generally only single parts of the skin, mostly the extremities.

The alterations and omissions characteristic of the introduction of lichen planus have both been printed in italics by me. It surely would have been much better for the further development of the question, if Hebra, instead of somewhat forcibly subordinating the planus, respectively, obtusus to the acuminatus, without his surrendering the essential co-relation of the two, had dignifiedly introduced Wilson's form into his classical text-book, as one coordinate with his, but clinically greatly varying, and if he had completely rewritten his chapter of the first edition. As things were, English investigators were not to be blamed, if they on their side adhered as main form to planus, with which they were familiar, and conceived a very unclear idea of Hebra's "lichen," commonly called "ruber." With such an *ex facto* historical explanation by Hebra, the difference would have surely also then appeared, which exists amongst the smooth and flatter forms, and which I have endeavored to fix by the distinction of obtusus from planus.

I can find the reason for this omission in the second edition of Hebra's text-book only in the peculiarity of the Vienna dermatological school, which has only now been altered in principle by the system of Auspitz and the text-book of the younger Hebra. Foreign descrip tions of dermatoses not to introduce as such, but with more or less good luck to force into the frame once put up by Hebra, senior. The knowledge of the impetigo contagiosa, morphæa, urticaria pigmentosa, of the lichen planus, of the myxodem, of the filiaria-dermatoses, etc., which we have to thank the English alone for, makes this preponderance of the local Vienna experiences also, to the short-sighted eye of today, completely untenable.

Tilbury Fox is perfectly right, if he says (Lancet, July 22, 1876):—

"I insist, again, upon the necessity to accept that the diseases change their picture according to the different countries, and that the German books cannot be looked upon as the exact expression of the skin diseases in England; the English books will contain as little a true description of the typical cases of the diseases as they present themselves in foreign countries."

This last investigator, whose views will probably be still to-day most prominent in England, characterizes, in the third edition of his text-book (1873), his standpoint in the following words:—

"Lichen planus appears in two forms, in a limited and a universal one. The first corresponds to the lichen planus of Wilson, the last to the 'lichen ruber' of Hebra."

He then gives his reasons why he calls the whole group lichen planus, and concludes the section with the words:—

"Hebra's form is rare in England, Wilson's quite common."

Here we have the main error of the conception, how it gradually developed amongst the English dermatologists; nothing can be more wrong than this injurious solution of the question, as Tilbury Fox believes himself able to give. Wilson's planus happens just as well in universal extension (Case X.), as Hebra's acuminatus may occur limited to certain regions and be benign (Case I.).

What separates the two is the clinical form of the single efflorescences, conditioned by their histological character. What both have in unison—the etiology, as proven by their clinical co-existence and their metamorphosis of one into the other.

The sentence of Fox is the more peculiar, as he himself has observed at least three cases of acuminatus running a favorable course, and, as he lays stress, in contradiction of Hebra, upon their acute commencement and the prevalence of severe itching, a fact which, with regard to my cases, I can only completely confirm. And in this, it is said that the affection set in as an eruption of miliary papules which, with thickening of the finely desquamating skin, gradually attacked the latter in its whole extension. Were these symptoms, belonging only to the acuminatus, not sufficient to convince him that the difference between planus and acuminatus did not consist only in its greater or less extension? If we go to America, the dermatologists there are less constrained regarding the picture of acuminatus than the English. Duhring, in his text-book, gives the description of both under the general term of "lichen ruber," that of planus from his own experience, that of acuminatus exactly after Hebra, and considers both as different types of one disease. Piffard,

on the other hand, to whom personally the acuminatus also is a stranger, has his doubts that both are identical. His arguments are these:—

"Wilson has observed fifty cases of planus characterized by pitted papules and pigment spots, which run a benign course. Hebra observed fourteen cases without pitted papules and pigment spots, nearly all of which died. It is scarcely credible that Hebra should have overlooked the pit, or that Wilson should have met with only mild, and Hebra with only grave cases. After Wilson's publication, Hebra and Kaposi published a number of benign, pitted papular eruptions, which they summed up under their old name, 'lichen ruber.' It does not follow that because they did so both complaints are identically the same. Finally, as far as I know, nobody has ever seen a transition of a typical lichen planus to a 'lichen ruber.'"

Nevertheless, should such be the case, and I believe I have given sufficient material in favor of this view, Piffard would doubtless be right. Piffard's view has recently been again advanced, with the reasons for it, by Robinson (Lichen Ruber and Lichen Planus, Putnam's Sons, New York, 1883), in a very excellent work of his own. He was able to observe one case of acuminatus, and to excise some of the papules, which, in his very careful work, he compares anatomically with planus papules.

[To be continued.]

THERAPEUTIC NOTES.

URETHRAL OINTMENT FOR GONORRHŒA.

Unna (Dtsch. Med. Ztg.) recommends the frequent introduction of a sound smeared with the following:—

℞. Nitrate of silver	30 grains.
Peruvian balsam	60 grains.
Yellow wax	1 to 2 drachms.
Cocoa butter	6 ounces.

PILLS FOR SPERMATORRHŒA.

De Sinéty (Union Méd.) proposes the following:—

℞. Extract of belladonna	3 grs.
Powdered belladonna root	3 grs.
Confection of rose	q. s.

Divide into ten pills. One to three pills should be taken before going to bed.

The following pill also is efficacious, according to the same writer:—

℞. Camphor	1 gr.
Lupulin	2 grs.

This treatment is specially adapted to seminal emissions resulting from spasm of the seminal vesicles; if, however, the spermatorrhœa is due to atony of the parts, the author prefers to give this mixture:—

℞. Powdered ergot	6 grs.
Powdered nux vomica	1 gr.

Divide into three pills. One to be taken morning and evening, before eating. Cold douches and applications of camphor liniment to the small of the back are to be employed at the same time.—*New York Medical Journal.*

QUININE IN UTERINE INERTIA.

Dr. Andrew Mullan (British Medical Journal) has had admirable results from the use of quinine in cases of uterine inertia. Given in doses of four grains and upward, in powder, it will start pains afresh in twenty or thirty minutes. It produces no headache or sickness, the bitter taste being the only disagreeable circumstance connected with it. The pains it produces are not continuous like those of ergot, but intermittent like those of normal labor, and evidently not the result of a special stimulus exerted on the uterus only, but of a tonic effect on the whole system. It can be used when ergot is absolutely contraindicated with perfect safety both to mother and child. When ergot is used, if more than two hours elapse before delivery, the child is generally dead. Not alone is the good effect of quinine confined to the delivery of the child, but the antipyretic and antiseptic influence of the drug is noticed in the satisfactory recovery of the cases.

FOR SYSTEMIC EFFECT.

PSORIASIS.

℞. Vini colchici rad.	ʒij.
Aloini	gr. iv.
Extracti rhei	gr. ij.
Sodii iodidi	gr. clx.
Infus. jaborandi q. s. to ft.	ʒiv.

M. Sig.—Two teaspoonsful in water every two or three hours.

SYCOSIS.

℞. Ferri carbonatis	gr. xxv.
Antimonii et potassii tart.	gr. ij.
Quiniæ sulphatis	gr. x.
Extracti ignatiæ	gr. ij.

M. Ft. pilulæ No. xx.

Sig.—One pill three or four times daily.

CHOLERA INFANTUM.

Dr. W. B. Ryan (American Practitioner) states that he has found the following prescription absolutely infallible in controlling the vomiting and diarrhœa of cholera infantum:—

℞. Ext. belladonnæ fl. . . ℥j.
Tinct. opii camph. . . ℥iss.
Sodii sulphis. . . . ʒiiss.
Syr. limoni q. s. ad. . . ʒiij.

M. Sig.—One teaspoonful every two or three hours, or more frequently if necessary. [For a child one year of age.]

INFANTILE CONVULSIONS.

℞. Potassii bromidi . . . gr. xx.
Chlorali . . . . gr. xii.
Aqua . . . . . ʒss.

M. Sig.—One teaspoonful every half hour.

CHOLERA MORBUS.

℞. Spts. chloroformi . . ♏xxx.
Morphia sulph. . . . gr. ss.
Spts. camphoræ . . . ♏xx.
Aquæ menth. pip. . . ʒj.

M. Sig.—One teaspoonful every hour.

INTESTINAL TORPOR.

Professor Da Costa frequently prescribes the following combination for atony of the large intestine:—

℞. Ext. belladonnæ . . . gr. j.
Strychnia sulphatis . . gr. ¼.
Aloini . . . . . gr. iss.
Ol. cajeputi . . . . ♏iv.
Ext. gentianæ . . . ʒss.

M. Ft. pilulæ No. xvi.
Sig.—One pill after each meal.

IRRITABLE HEART FROM MASTURBATION.

Among the interesting cases which were brought before the class of Jefferson College last session was that of a young man whose heart beat 185 times per minute when he stood up or attempted to walk. He had been obliged to give up his position as a clerk, because of the headache and vertigo due to the excessive action of his heart. He admitted that he indulged freely in coffee, but denied ever having practised masturbation. As his countenance, however, betrayed him, Professor Da Costa directed him to take—

℞. Tinct. digitalis . . . ʒss.
Sig.—Ten drops every four hours.

Also—

Chlorali . . . . . ʒj.
Sodii bromidi . . . . ʒj.
Aqua camphoræ . . . ʒiij.

M. Sig.—One tablespoonful at bedtime.

TERTIARY SYPHILIS.

Professor Brinton has found many obstinate cases of tertiary syphilis become amenable to treatment and rapidly improve when placed on the following formula:—

℞. Potassii iodidi . . . ʒiij.
Iodine . . . . . ʒj.
Hydrarg. bichlor. . . gr. ij.
Aqua . . . . . ʒiij.

M. Sig.—One teaspoonful three times a day.

ATONIC DYSPEPSIA.

Professor Wm. H. Pancoast recommends—

℞. Elixir pepsinæ et bismuth . ʒiiss.
Elixir cinchonæ . . . ʒj.
Syrupi zingiberi . . . ʒss.

M. Sig.—Two teaspoonsful after meals.

Or—

℞. Acidi hydrochlorici dilut. . ʒj.
Tinct. capsici . . . ʒss.
Tinct. colombo . . . ʒiss.
Vinum pepsini q. s. ad. . . ʒiv.

M. Sig.—Two teaspoonsful after meals.

SUMMER DIARRHŒA.

In mild cases of summer diarrhœa, characterized by mere thinning of the intestinal discharges, and a feeling of lassitude with slight pallor, Prof. N. S. Davis recommends—

℞. Acidi sulphurici aromat. . ʒiiss.
Tinct. opii . . . . ʒiiss.
Syr. simp. . . . . ʒiv.
Aquæ . . . . . ʒij.

M. Sig.—One teaspoonful two to four times a day.

Or—

℞. Acidi hydrobromici . . . ʒj.
Elix. simp. . . . . ʒj.
Tinct. opii camph. . . . ʒj.

M. Sig.—One teaspoonful two to four times a day.

If there be at the same time a diminution of the more important secretions, as shown by scanty urine and the absence of biliary coloring matter from the intestinal discharges, Dr. Davis recommends in addition—

℞. Hydrarg. chlor. mite . gr. iij.
Sodii bicarb. . . . gr. vj.
Sacchari alb. . . . gr. xxx.

M. Ft. charta No. iv.
Sig.—One powder night and morning.

CHOLERA INFANTUM.

Prof. N. S. Davis recommends from six to fifteen minims of the following solution to be

given immediately after each paroxysm of vomiting :—

℞. Sodii bicarb. . . . ℥j.
Morphiæ sulphatis . . gr. j.
Aquæ . . . . . ℥ij.

At the same time, if the discharges from the bowels are frequent and serous, he gives one of the following powders every three or four hours :—

℞. Hydrarg. chlor. mite. . gr. iij.
Plumbi acetatis . . gr. iij.
Pulv. opii . . . . gr. j.
Sacchara alb. . . . gr. xxx.

M.—For a child aged six months divide into twelve powders ; twelve months, eight powders ; eighteen months, six powders.

PARALYSIS AGITANS.

For a case of paralysis agitans which recently appeared before the Jefferson College Hospital Clinic, Professor Bartholow directed—

℞. Ammonii carb. . . . gr. xl.
Liquor ammonii acetatis . ℥iv.

M. Sig.—One tablespoonful every four hours.

He also directed the patient to take a teaspoonful of cod-liver oil and a teaspoonful of the syrup of the lacto-phosphate of calcium, separately, after each meal.

ENTERO-COLITIS.

While the stools are yellow, homogeneous, and have a fecal odor, Dr. Louis Starr says alkalies and astringents are demanded, as—

℞. Sodii bicarb. . . . gr. xxxvj.
Syr. rhei aromat. . . ℥ss.
Aq. menth. pip. q. s. ad. ℥iij.

M. Sig.—One teaspoonful every three hours.

When the stools are green, acid, and numerous, alkalies with opium do best.

℞. Tinct. opii deod. . . ♏vi.
Bismuthi subcarb. . . gr. lxxij.
Syrupi . . . . ℥ss.
Mistura creta q. s. ad. . ℥iij.

M. Sig.—One teaspoonful every two or three hours.

In tedious cases, good results are at times obtained from minute doses of calomel, combined with opium and chalk.

Very frequent and serous stools require more powerful astringents.

℞. Acidi sulphurici aromat. . ♏xxiv.
Liquor morphiæ sulphatis . ℥j.
Elix. curacoæ . . . . ℥ij.
Aqua q. s. ad. . . . ℥iij.

M. Sig.—One teaspoonful every three hours.

ERYTHEMA NODOSUM.

Dr. W. E. Buck (British Medical Journal) has treated several cases of this obstinate affection with sulphurous acid with marked success. His method is to soak lint in a mixture of equal parts of sulphurous acid and boiling water ; the lint is then wrung out and placed over the patches. The result has been that the pain and itching were quickly relieved, and the eruption disappeared.

GLYCERINE AS A TÆNIACIDE.

Dr. G. A. McCallum (British Medical Journal) recommends glycerine as a pleasant and effective remedy for tapeworm. The dose may range from ℥ij to ℥j, to be followed by a purgative, if necessary.

URTICARIA.

℞. Ferri sulphatis . . . gr. xij.
Acidi sulphurici dilut. . ℥j.
Magnesii sulphatis . . ℥iv.
Syrupi zingiberi . . . ℥j.
Aqua q. s. ad. . . . ℥iij.

M. Sig.—Two teaspoonsful three times a day.

PEDICULI PUBIS.

℞. Hydrarg. chlor. mite . . gr. xx.
Acidi carbolici . . . gr. x.
Ung. simp. . . . . ℥j.

M. Ft. Ung. Sig.—To be rubbed in thoroughly and allowed to remain for half an hour. Then wash the surface well with soap and water, and reapply the ointment if necessary.

MENORRHAGIA.

Professor Parvin has obtained excellent results in uncomplicated cases of menorrhagia from the administration of ♏xx of the fluid extract of hamamelis every four hours. He frequently directs the patient to take from eight to ten grains of quinine daily also.

HÆMOPTYSIS.

℞. Acidi gallici . . . gr. xl.
Ext. ergotæ fl. . . . ʒvj.
Tinct. digitalis . . . ℥j.
Tinct. opii . . . . ♏xx.

M. Sig.—One teaspoonful every half hour.

FLATULENT COLIC.

℞. Spts. chloroformi . . . ♏x.
Tinct. belladonnæ . . . ♏x.
Tinct. capsici . . . . ♏x.
Syrupi zingiberis . . . ℥j.

M. Sig.—Two teaspoonsful every half hour until relieved.

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CHLORAL HYDRATE.

WE are indebted for almost all of our knowledge of chloral hydrate to the experiments made by Liebrich upon animals. These experiments, and subsequent clinical observations, have demonstrated that it is an efficient anti-spasmodic, as well as a valuable sedative and hypnotic. It is not, however, a true anodyne. Its power to control or lessen pain is limited to the pain of spasm. It has no direct power over the pain of inflammation or of traumatism.

Chloral hydrate is soluble in four parts of chloroform, and in less than its own weight of alcohol, water, or ether. It also dissolves readily in glycerine and in the fixed and volatile oils. Owing to its ready solubility, it diffuses into the blood with great rapidity, and produces its characteristic effects in a few minutes. It lowers the temperature, lessens the irritability of the nervous system, and in medicinal doses diminishes the quantity of blood in the cerebrum. It also lowers the arterial tension, and renders the fibrin of the blood less coagulable. In sufficient doses, it produces sudden, calm, and refreshing sleep, unless there be an insusceptibility to its effects. An excess of traumatic or inflammatory pain will also be an insuperable obstacle to its action.

Chloral is an effective remedy in sea-sickness, and in the vomiting of pregnancy when due strictly to an irritability of the gastric filaments of the pneumogastric nerves. It is also of value in that form of nervous vomiting which occurs among feeble individuals during hot weather. Though chloral cannot allay the pain of inflammation, it is useful in pleuritis, pericarditis, peritonitis, pneumonitis, and other inflammatory affections, because it lessens the fever, quiets the restlessness, and thus indirectly facilitates sleep. For this reason it is one of the most valuable remedies in the treatment of scarlet fever. It is equally efficient in the simple fevers of childhood. In the treatment of whooping-cough it ranks only second to quinine. Laryngismus stridulus can be aborted, and impending attacks prevented by the administration of five to ten grains of chloral. Infantile convulsions can be quickly arrested and their return prevented in the same manner. If the child cannot swallow, the requisite quantity can be given by the rectum. Spasmodic asthma, and the periodical attacks of difficult breathing which accompany emphysema may be relieved by chloral. Puerperal convulsions are arrested by full doses of this remedy, but it should not be depended upon in this affection to the exclusion of other means. If the patient is unable to swallow, it should be given hypodermatically or by rectal injection. Chloral is very effective in nocturnal incontinence of urine due to excessive irritability of the bladder. It is also of value in lessening the rigidity of the os uteri, in alleviating the spasmodic pains of the first stage of labor, and in removing the after-pains. Obstinate cases of chorea, where the movements are so violent and continuous as to prevent the patient from taking the requisite amount of food and rest, are remarkably benefited by large doses of chloral. According to Bartholow there is no single remedy so effective in the treatment of cholera or severe cases of cholera morbus as chloral administered hypodermatically. It is equally efficacious in cholera infantum. It is the direct physiological antidote to strychnine and to picrotoxin, and it is one of the most valuable agents we possess for the treatment of tetanus. It at times gives instantaneous relief in gastralgia, hepatalgia, and the various forms of colic, and it occasionally affords marked relief from the terrible pain of carcinoma. It is the most certain of hypnotics in delirium tremens. It is especially successful in the condition of nervous excitation preceding the attack. It must, however, be used with caution in old drunkards, or where there is reason to suspect a weak or a fatty heart. Chloral is peculiarly valuable in the insomnia of the aged, and in the wakefulness due to mental fatigue or anxiety. It frequently succeeds in these cases when opium

and the bromides have utterly failed. It is also beneficial in puerperal mania, acute melancholia, and other forms of mental disorders characterized by delirium and sleeplessness. Attacks of nocturnal epilepsy are frequently prevented, and the habit broken up by a full dose of chloral given at bed-time. Obstinate singultus may frequently be checked at once by a similar dose.

When chloral is rubbed up with an equal part of camphor, a clear liquid of syrupy consistence is formed, which is an excellent external application in pleurodynia, odontalgia, and neuralgia of the various branches of the fifth pair of nerves. The solution thus formed will dissolve the various alkaloids and is itself freely soluble in alcohol, chloroform, and ether. It is obvious that a series of combinations can thus be formed, which will be as effective as the famous chlorodyne, and which can be varied to meet the indications of every case.

Externally, a weak solution of chloral has been found beneficial as an antiseptic application to suspicious wounds, and as a gentle stimulant to indolent ulcers. It is also of value as an injection in ozœna, and in chronic gonorrhœa.

REST AS A THERAPEUTIC AGENT.

So much has been said and written about the value of exercise as a therapeutic agent, that the equal importance of rest as a means of cure is too frequently overlooked. Of course, in all acute inflammatory affections the patient is ordered to bed as a matter of routine practice, but in the subacute and chronic stages the patient is either left to his own wishes in the matter, or is directed to take daily exercise, when, as a matter of fact, his preëminent need is rest in bed. Nothing can be more pitiful than to see the victims of phthisis exhausting their slight remnant of strength by taking long walks and climbing steep hills during the paroxysms of exacerbation which occur in this disease. All exercise should be abandoned at this time, and the patient placed upon antipyretic treatment and kept in bed until the temperature has subsided to near the normal.

Rest is especially valuable as a curative factor in the various diseases of the nervous system. The most obstinate cases of chorea have quickly recovered when the patients were kept in a darkened room and prohibited from getting out of bed. The wonderful results obtained by Dr. S. Weir Mitchell from the combined use of rest and massage in cases of hysteria, hystero-epilepsy, and allied neuroses, are too well known to require repetition. Suffice it to say that the enforced rest was the most important factor. Rest is also the only effective remedy for writers' cramp, telegraphers' paralysis, and various other forms of functional paralysis. Posterior spinal sclerosis, that inexorable disease, which has been defiant to every other remedial measure, has in several instances yielded to rest alone. Professor N. S. Davis* relates a case in which the symptoms had been developing for several months previous to the patient's admission to the hospital. The diagnostic symptoms were so complete that he was several times presented to the class as an illustration of the course of typical cases of this disease. He was subjected to steady treatment for three months, taking in succession alteratives, tonics, and nutrients, combined with judicious diet and the use of electro-magnetism. At the same time he was encouraged to try to walk a little every day. Professor Davis now thinks that this latter direction was an error. For he gradually failed, and at the end of three months could not walk a step, or stand upon his feet without an assistant on each side to hold him up. Thinking further special treatment to be useless, he was directed to desist from all efforts to assume an upright position even long enough for the making of his bed, but to be kept strictly clean, and to be changed in position frequently to avoid the formation of bed-sores.

He was continued on a plain nutritious diet, and all medicinal treatment suspended except two teaspoonfuls at mealtime of the following mixture:—

℞. Ext malt fl. . . . . ℥ij.
Syrupi hypophosphis comp. . ℥j.
M.

*Lectures on the Principles and Practice of Medicine, by Nathan Smith Davis, A.M., M.D., LL.D. Chicago: Jansen McClurg & Co.

The patient was left entirely at rest under these directions, expecting him to continue failing until the fatal issue was reached. Much to the surprise of everybody, however, the patient, after three months of this enforced rest, began to make efforts to help himself, and in another month was able to get out of bed and stand alone. He finally so completely recovered that he left the hospital in fair general health, and with a firm, steady step and gait in walking. Professor Davis states that he relates the particulars of this case, first, to show that patients sometimes recover from conditions of chronic disease which render their cases apparently hopeless, and second, to illustrate the value in some cases of entire and protracted rest in the recumbent position.

A somewhat analogous case was reported in the German medical journals last year. The patient, who had been suffering from posterior spinal sclerosis, was subjected to various forms of treatment without avail. He was steadily growing worse, when fortunately for him he fell and fractured his thigh. He was consequently obliged to remain in bed for six weeks. During this period of compulsory, but purely accidental rest, all the symptoms of the original disease disappeared, the fracture united readily and the patient recovered completely.

CORRESPONDENCE.

OUR PARIS LETTER.

ON THE FUNCTIONAL RELATION BETWEEN THE TWO RETINAS—INTESTINAL OBSTRUCTION CAUSED BY BILIARY CALCULI—PERINEORRHAPHY—DRY GANGRENE FROM IMMERSION IN PHENOL BOBŒUF—SUICIDE ATTEMPTED BY DRINKING PETROLEUM—M. DUBOIS'S NEW APPARATUS FOR ADMINISTERING CHLOROFORM AND AIR—DUCLAUT ON THE VITALITY OF ÆROBIC MICROBES.

PARIS, July 15, 1885.

At a recent meeting of the Paris Biological Society, M. D'Arsonval read a communication from Dr. Charpentier, Professor of the Medical Faculty at Nancy. The subject treated was the functional relation existing between the right and left retina. Dr. Charpentier sought to ascertain if the influence light exercises on one retina is communicated to the other. His first experiment consisted in withdrawing both eyes from the influence of light; when twenty minutes had elapsed the relative sensibility was determined. It was the same for both eyes. One eye was then bandaged, and the other opened and directed its gaze during two or three minutes' towards a clear sky. This experiment was very fatiguing, a gray cloud seemed to pass over the object looked at. In another experiment, one eye was kept in darkness during an hour, the other was exposed to the light, and its sensibility was six hundred times less than before the experiment was made. The eye which had been closed perceived the test object with the same quantity of light as previously. Dr. Charpentier therefore arrives at the conclusion that the fatigue inflicted on one retina does not influence the other.

M. Cruveilhier read notes at a recent meeting of the Société de Chirurgie on a case of intestinal obstruction caused by biliary calculi. The patient was a woman fifty years of age. In the groin of the left side there was an elongated tumefaction, which had been diagnosed at a previous examination by a surgeon as strangulated hernia. An incision was made, but as the inguinal canal was in a normal condition, the wound was sutured. M. Cruveilhier did not believe the case to be one of hernia, but one of intestinal obstruction, proceeding from an organic lesion. As the patient was excessively weak, pulse scarcely perceptible, and her temperature only 95°, he decided on non-intervention. Another surgeon a few hours subsequently examined the patient, and diagnosed a cancer in the iliac fossa, but disapproved of operating, because the patient appeared to be on the point of death. She lived five days longer, always presenting the same symptoms; the temperature during this time was never higher than 92.6°. The necropsy showed that there was neither peritonitis nor peritoneal effusion. In the right hypochondriac there was a conglomerate mass, consisting of the gall bladder and the right curvature of the colon. There were forty calculi in the gall bladder, also at about three metres above the cæcum a biliary calculus obstructed the intestines, and was evidently the cause of food not passing. The calculus was composed almost entirely of cholesterine, covered with sodium phosphate. M. Cruveilhier considers that in such cases laparotomy should be performed, and the gall bladder opened.

Dr. M. Schwartz, a distinguished and well-known hospital surgeon, has just issued a work entitled, "Quelques Considération sur la Périneorraphie." In it M. Schwartz describes two successful operations for ruptured perineum, performed a few days after delivery. The surface of the wound presented a few buds. One of the patients was a young woman of twenty-two

years of age, the rupture extended six centimetres along the recto-vaginal septum. M. Schwartz was called in three days after delivery, and he observed that the wound presented some flesh buds, and that, likewise, there was suppuration. On the fifth day he placed sutures according to the methods of M. M. Jude Hue and Gaillard Thomas, he scraped the buds with a spatula, but abstained from cutting in order to obtain a raw surface. Portions of the flesh which were covered with eschars he removed with curved scissors, the surfaces were then moistened with carbolic acid, and the vagina was washed out with antiseptic injections. Silver sutures were used, four were placed in the vaginal mucous membrane, three quilled sutures were placed in the deep parts of the perineum, a row of sutures joined the surfaces of the superficial tissues. After the operation the vagina was again washed out with a weak solution of carbolic acid, which was repeated three or four times a day. The superficial sutures were removed the sixth day, the deep the eighth, and those of the vagina on the eleventh day, the patient made a complete recovery. The second patient was twenty-five years old. The rupture extended four centimetres along the recto-vaginal septum. The surfaces of the ruptured tissues were covered with eschars. M. Schwartz operated five days, after delivery, adopting the same method of procedure, and the patient recovered quickly and satisfactorily.

At a recent meeting of the Société Anatomique de Paris, M. Secheyron showed a specimen of dry gangrene consequent on prolonged immersion of the median finger in pure phénol bobœuf. A little girl cut her finger, and applied to a chemist for advice, he placed her finger in phénol, and dressed it with the same solution, which was not removed until twenty-four hours later on. Dry gangrene had then set in, and the finger had to be amputated.

A patient was admitted into M. Duquet's wards, of the Laribosiere Hospital, who had attempted to commit suicide by drinking petroleum. She had swallowed three litres. She suffered from an intense burning sensation in the mouth, œsophagus, and stomach, was very excited from the effect of pain, and from disappointment at having failed in her suicidal attempt. She exhaled a strong odor of petroleum; two grammes of ipecacuanha, supplemented by several glasses of milk, provoked vomiting, the matter vomited was covered by a layer of petrole, which presented the aspect of continuous grease spots. After an enema she had a fecal discharge, which presented the same peculiarity as the matter vomited, and also smelt strongly of petrole, the urine likewise. She was carefully watched in order to prevent further attempts to commit suicide. She continued to take large quantities of milk; she gradually recovered; ate ordinary fare; small doses of quinine sulphate cured the pains in her head which caused so much suffering, and in ten days she was convalescent.

M. Bert, at a recent meeting of the Académie des Sciences, referred to the objections that had been made to his method of administering chloroform in combination with air. He admitted that it was urged with justice that the volume of the anæsthetic agent prevented it from being practically useful, also that the combination of air with chloroform prevented the quantity administered from being accurately ascertained. M. Dubois has invented an apparatus which removes all the disadvantages just enumerated. M. Bert presented it to the Académie des Sciences. It consists of a cylinder capable of containing twenty litres. It is open at the two extremities. A vertical piston is placed at the lower extremity, into which the chloroform is poured, the quantity is inevitably the same, this is assured by the presence of a small cup similar to that in drags. This is an important detail in the instrument, as it regulates the dose of chloroform. Respiration continues easy and natural, and anæsthesia can be prolonged during two, three, and even four hours, without the patient suffering the least annoyance. Ten grammes of chloroform to one hundred litres of air, produces anæsthesia. Six grammes are sufficient to maintain it. The cup can be changed according to the dose administered. M. Dubois's instrument has been tested to a large extent in hospital practice, and found to be most satisfactory. In Belgium it is especially popular. M. Thirian de Souvain, who attended the recent Paris Congress, considers the invention renders great service in operations; vomiting rarely occurs, and is always more easily combated than with the old method. The period of agitation is shorter, the pulsations are normal, the breathing is calm and regular, and patients wake up as though from a natural sleep.

M. Duclaut states that on examining the retorts M. Pasteur had used for his experiments in 1860, he found fifteen among the sixty-five contained living microbes after an interval of twenty years. All the living microbes were ærobic, they absorb the slightest trace of oxygen left in confined air, and their germs live in an atmosphere deprived of oxygen. Those which are endowed with the most persistent vitality are the most active; there are six of these—l'aspergillus niger, of M. Raulin, or sterigermato cystis nigra (micrococcus) of M. Van Tieghem, the urococcus vivat, the tyrothrix tennis, the tyrothrix filiformis, discovered by M. Duclaut whilst engaged in his study on milk; the tyrothrix tenuior, the tyrothrix tenuissimus, a new species, which, like the two preceding, are bacilli.

OUR TEXAS LETTER.

AUSTIN, TEXAS, July 2, 1885.

Editor Medical Bulletin, Philadelphia.

DEAR SIR. The alarm created by the occurrence of an undoubted case of yellow fever in New Orleans last month has subsided, and once more the people of Texas breathe easy. The circumstances under which this case occurred entirely disproved the correctness of the theory upon which the Louisiana State Board of Health proposed to institute a quarantine—a quarantine not only for New Orleans, but, on account of the proximity of Texas and the free and frequent intercourse, social and commercial, between her cities and New Orleans, a quarantine for Texas as well—although Texas always maintains a separate one, and a good one. That bubble, therefore, has burst none too soon, and the occurrence of the one case may have been a sanitary blessing to the South. I mean, if this theoretical quarantine—practically a substitution of steam fans and carbolic acid for detention—had really been put in operation, the people, lulled with a false sense of security, might have relaxed their vigilance, and later in the season a case of fever may have occurred, which, unlike this early one, finding the conditions and circumstances and surroundings favorable to its propagation and development, might, and no doubt would, have lighted up an epidemic but for the timely protest of the Texas Health Officer against what has since been proven to be practically removing all restrictions from commercial intercourse with infected parts. No other objection would probably have been made, and, therefore, we may thank the intelligence, the vigilance, and the good, sound, sanitary sense of our excellent officer for the escape, so far, from a visitation of yellow fever. I will not enter into details as to those circumstances—the circumstances under which this child contracted the disease—further than to say, her father, an acclimated stevedore, had been engaged in unloading a ship from only a "suspected" port, and returning home in the city, it is supposed his person or clothing was the *fomites* which conveyed the germs; at any rate, his child had been exposed in no other way, yet she died of yellow fever.

The medical profession of Texas, as a class, are taking great interest in professional matters, much more than formerly. There seems to have been a general awakening all along the lines. This is due partly to the introduction into Texas of better and more journals than formerly. The mass of the profession read more, and better literature. I often get letters from physicians far in the interior, informing me that they take six, eight, ten, or more journals, and almost invariably amongst them is THE MEDICAL BULLETIN. It is due too, no doubt, to the spirit of organization having been awakened. Societies and clubs have been formed; meetings held; delegates sent to State and National Associations, etc. It is the having attended such conventions that has aroused many to a lively interest in the progress of medical science. The physicians of Texas feel, with regard to the honors recently conferred on their State last year, by the election of one of their worthy members to a vice-presidency of the Association, and this year the appointment of others on the sections of the American Medical Association, and more recently on the sections of the International Congress, that their worth, their endeavors are just beginning to be known and appreciated by the profession at large, and that has a stimulating influence, for you know that the love of approbation is inborn, and we all like to be appreciated. They are not a little proud to see by the journals that their State is credited with being one of the first to object to the appointment of everybody who was to represent the American Medical Association from one section of the country—as if the profession of America were not homogeneous—as if all the science and scientific learning were centred in one corner! And, in view of this, and of the fact, for it is a fact, that the Texas Journal was the first to protest against an arrangement by which many good men and many good States, as well as the Association itself, were done gross injustice, they feel as if the recent Chicago meeting is a very Waterloo victory for the South and West, and a feather in the Texas cap especially, notwithstanding some of the leading journals have repeatedly stated that the South and West based their claims on "geographic grounds!" and one said, on the ground that "a certain State raises a million and a half bales of cotton." How absurd the claim is based, so far as Texas is concerned, is the fact, as all liberal-minded men know, that, in addition to raising "a million and a half bales of cotton," there are nearly forty-five hundred practising physicians in the State, five hundred of whom are organized into a State society already noted for the quantity and quality of its scientific work—a society whose guide and rule of conduct is the MAGNA CHARTA by which the American Medical Association and the International Medical Congress are guided, a society many of whose members are, moreover, members in good standing in the American Medical Association, many of whom are, moreover, graduates of the boasted "institutions of learning," which, the New York Record reminds us, are "located North," and lays claim, therefore, to the possession in the North of a monopoly of learning—a corner on Congressional timber of suitable quality. Upon what meat do these, our medical Cæsars, feed, that they are so much superior to their brethren of the rest of creation?

It is particularly gratifying to learn that the position taken by the South and West—Texas leading—and the consequent action of the American Medical Association, was sustained by such high legal authority as ex-Speaker Randall and Edward A. Anderson, Esq., of Philadelphia. Our own Davis had given the opinion that was enough for the faithful, but it required something more to satisfy those against whose preconceived ideas the opinion clashed, and it seems that the opinions of Messrs. Randall and Anderson were the *desideratum*. It is particularly gratifying that the original committee express themselves as satisfied, and have abided by these opinions. This fact raises Dr. Billings in our estimation; he was beginning to wane after I learned of his proposed meeting of the original seven, but now I am satisfied he can be both just and generous; he has many of the elements of greatness about him, and is a wonderfully magnetic man.

Apropos of this trouble, and the occurrence at the New Orleans Convention, the Columbus (Ohio) Medical Journal has recently exhibited the sorest head and the most bilious tongue of any of the journals which have spoken in defence of the original appointments—New Code men and all. The New York Record and New York Journal are thoroughly on record as defenders of the seceders; and the Columbus Journal makes a spectacle of itself, in its attempt to play second fiddle to those illustrious organs. This journal disgorged lately an immense deal of bile on the subject. I will make only one quotation. "The eloquent champion of Texas mothers had not been provided for; the oleates had been ignored; and so there was a kick. The original kick it would appear originated in Texas, where" (here follows a misquotation from the Texas Journal, for which look to see the editor catch "Hail Columbia" when the new issue comes out. The Columbus man will feel as if he accidentally ran against a patent threshing machine, and will doubtless crawl into a hole and pull the hole in with him, but to continue the quotation from the Ohio Journal) "Therefore the committee was enlarged, that the ranches of Texas, the prairies of Kansas, the mines of Colorado, and the wheat fields and forests of the great Northwest might be 'represented' among the officers of this Congress." Why not have said also "the hogs of Ohio?" He claims that of the fourteen Ohio appointments, Cincinnati got all but one. This amiable (?) contemporary alludes to the new members of the committee as "rustic accessories from the 'rural deestricts'."

I have no doubt, my dear Dr. Shoemaker, you will be greatly obliged to your colleague from the hog killing State for his compliment, for such it is, although expressed in language more oleaginous than elegant; for it shows that he envies your identity with a scientific achievement which has added lustre to American medicine. It is to be regretted that said colleague is not known in connection with something by which you could return his compliment, by characterizing him or identifying him with it. As to ourselves, we are proud of the distinction he confers upon us by sneeringly alluding to us as the "eloquent champion of Texas mothers." We doff our tile.

It is gratifying to us down this way, to see that the committee refuted the accusations of the Record, that a "few dissatisfied gentlemen wanted to acquire prominence in connection with the Congress," by not appointing a single member of the committee to any position, with the single exception of the illustrious Battey.

In my next letter, I hope to give you an account of a piece of work which has been undertaken by the Texas State Medical Association, which illustrates fully my meaning as expressed in the beginning of this letter, as to the interest Texas physicians are taking in scientific work and medical matters generally, it being nothing less than the collation of all the surgical work done by Texas surgeons since the war. More anon.

COLLEGE GOSSIP.

Jefferson Medical College.

Dr. M. A. Hanly (Class of 1852) died on July 18th, at his residence, 1304 Walnut Street, Philadelphia.

Dr. Stanley M. Ward (Class of 1852) was married on June 25th to Miss Carrie Carpenter, of Waverly, Pa.

Dr. John F. Foulkes (Class of 1882) has been appointed Physician to the Home for the Adult Blind at Oakland, Cal.

Dr. John A. Thomson (Class of 1852) was married on June 4th to Miss Lizzie C. Harmer, daughter of Hon. A. C. Harmer, of Germantown, Pa.

Philadelphia Polyclinic.

Dr. Howard F. Hansell has been elected Adjunct Professor of Diseases of the Eye.

Dr. T. J. Mays has been elected Professor of Experimental Therapeutics and Physiology.

Buffalo Medical College.

Dr. Dugald Macneil, Lecturer on Clinical Dermatology, died on March 21st.

Professor Charles C. F. Gay, who was obliged to resign the Chair of Operative and Clinical Surgery, on account of failing health, has been elected Emeritus Professor of Surgery.

The University of Vermont.

Dr. Ambrose L. Ranney, of New York, has been appointed to the Chair of Nervous Diseases in the Medical Department, in place of Dr. W. J. Morton, resigned. It is announced that Professor Ranney will give a course of lectures in this department every year, in addition to his course on anatomy.

Chicago Medical College.

Dr. W. W. Jaggard has been elected Professor of Obstetrics.

Dr. E. O. F. Roler has been elected Emeritus Professor of Obstetrics.

Dr. N. S. Davis, Jr., has been elected Professor of General Pathology and Pathological Anatomy.

College of Physicians and Surgeons, Chicago.

Dr. Christian Fenger, has been elected Professor of Clinical Surgery.

Dr. N. Senn, of Milwaukee, has been elected Professor of the Principles and Practice of Surgery.

Atlanta Medical College.

Dr. F. W. McRae has been elected Demonstrator of Anatomy.

Dr. J. D. Wilson has been elected to the Chair of Chemistry in the Atlanta Medical College, made vacant by the death of Dr. J. H. Logan.

University of Louisiana.

Dr. J. F. Y. Paine, of Galveston, has been elected to the Chair of Therapeutics and Materia Medica.

St. Paul Medical College.

The Faculty of the St. Paul Medical College is announced as follows:—

A. J. Stone, M.D., President and Professor of Diseases of Women.

C. A. Wheaton, M.D., Vice-President and Professor of Surgery.

L. N. Denslow, M.D., Secretary and Professor of Diseases of the Skin and Syphilography.

Park Ritchie, M.D., Treasurer and Professor of Obstetrics.

Jay Owens, M.D., Professor of Practice of Medicine.

J. A. Quinn, M.D., Professor of Medical Surgery and Genito-Urinary Diseases.

C. E. Riggs, A.M., M.D., Professor of Mental and Nervous Diseases and Electro-Therapy.

John Fulton, Ph.D., M.D., Professor of Diseases of the Eye and Ear.

A. E. Senkler, M.D., Professor of Clinical Medicine.

G. A. Hewitt, M.D., Professor of Anatomy.

C. B. Witherle, M.D., Professor of Physiology.

J. E. Moore, M.D., Professor of Orthopædic Surgery.

Memphis Hospital Medical College.

Dr. R. B. Maury has been elected to the Chair of Gynæcology.

Dr. Alexander Erskine has been elected to the Chair of Obstetrics.

Dr. S. H. Brown has been elected to the Chair of Materia Medica.

Dr. D. D. Saunders, has accepted the Chair of Principles and Practice of Surgery and Clinical Surgery.

Dr. William E. Rogers, Professor of Surgery and Dean of the Faculty of the Memphis Hospital Medical College, of which he was also the founder, died on May 21st, in the fifty-ninth year of his age. Dr. Rogers was a graduate of Jefferson Medical College, and was not only a physician of prominence, but also a surgeon of acknowledged eminence and skill.

Louisville Hospital Medical College.

Dr. Samuel Ayres has been elected to the Chair of Physiology and Operative Surgery.

Professor D. S. Reynolds, who occupies the Chair of Ophthalmology and General Pathology will also deliver a course of lectures on Hygiene.

Professor Frank C. Wilson, who formerly occupied the Chair of Physiology and Clinical Medicine, has been transferred to the Chair of Practice and Clinical Medicine.

University of Louisville.

Dr. Turner Anderson has been transferred from the Chair of Materia Medica and Therapeutics to that of Obstetrics and Diseases of Women.

Dr. J. A. Octerlony has been transferred from the Chair of Obstetrics and Diseases of Women to that of Theory and Practice of Medicine, previously occupied by Dr. Holland.

William Bailey, A.M., M.D., for the past thirteen years Professor of the Theory and Practice of Medicine in the Louisville Hospital Medical College, and President of its Faculty, has resigned his place in that institution and been appointed to the Chair of Materia Medica and Therapeutics in the University.

EMACIATION OF PHTHISIS.—Prof. H. C. Bartlett, in his treatise on "Digestion of Fats, etc," says, "In consumption and other wasting diseases, the most prominent symptom is emaciation, of which the first is the starvation of the fatty tissues of the body, including the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of Hydroleine."

MEDICAL NEWS AND MISCELLANY.

DR. S. B. IRVIN, of Camden, is spending the season at the Hotel Albion, at Atlantic City, N. J.

PROFESSOR H. NEWELL MARTIN, of Johns Hopkins University, has been elected a Fellow of the Royal Society of England.

DR. JOHN L. ATLEE, Jr., one of the most prominent physicians of Lancaster, Pa., died at his residence in that city on July 16th.

DR. EDMOND SONCHON, of New Orleans, has been elected to fill the Chair of Anatomy and Clinical Surgery in Tulane University.

DR. JAMES R. TAYLOR, of New York, has received the degree of A.M. from the President and Trustees of Ohio University, Athens, Ohio.

DR. W. S. HIGBEE has been elected superintendent of the Philadelphia Sanitarium for Sick Children, at Point Airy, for the third time.

DR. JOHN S. DAVIS, Professor of Anatomy and Materia Medica in the University of Virginia, died at his residence in Charlotteville, on July 18th.

DR. GEORGE J. ENGELMAN has resigned from the editorial department of the Weekly Medical Review. Dr. F. C. Ameiss has been selected as his successor.

DR. EDWARD COWLES, Superintendent of the McLean Insane Asylum, at Somerville, Mass., will give a course of lectures on Mental Diseases at Dartmouth Medical College.

CARBOLIC ACID IN CHOLERA.—Dr. B. F. Trader, of Sedalia, Mo. (Weekly Medical Review), recommends half-drachm doses of the glycerite of carbolic acid in the treatment of cholera and choleriform diarrhœa.

PULSATING EMPYEMA. — Dr. George Ross (Canada Med. and Surg. Jour.) reports an interesting case of pulsating empyema, simulating thoracic aneurism, which ended by spontaneous discharge through the lung into the bronchial tubes, the patient making a good recovery.

COCAINE IN THE REMOVAL OF SEBACEOUS CYSTS.—Dr. J. J. Mulheron (Medical Age) says that the injection of ten or fifteen drops of a four per cent. solution of muriate of cocaine into the integument covering sebaceous cysts, will so obtund sensibility as to make their removal absolutely painless.

STATE BOARD OF HEALTH OF PENNSYLVANIA. —The Governor has appointed the following to constitute the State Board of Health: Col. William Ludlow, Benjamin Lee, M.D., Joseph F. Edwards, M.D., Pemberton A. Dudley, M.D., of Philadelphia; E. W. Germer, M.D., of Erie; and J. W. McClellan, M.D., of Pittsburgh.

THE American Neurological Association at its recent meeting elected the following officers: President, Dr. C. K. Mills, of Philadelphia; Vice-President, Dr. V. P. Gibney, of New York; Secretary and Treasurer, Dr. R. W. Amidon, of New York. Members of the Council: Dr. G. W. Jacoby, and Dr. E. C. Seguin, of New York.

THE Medical Society of the State of West Virginia, which met at Weston on May 20th and 21st, elected the following officers for the ensuing year: President, Dr. T. A. Harris, of Parkersburg; Vice-Presidents, Drs. A. H. Kunst, of Weston, J. F. Lanham, of Newberg, and J. L. Fullerton, of Charleston; Secretary, Dr. Samuel L. Jepson, of Wheeling; Treasurer, Dr. J. A. Campbell, of Wheeling.

DR. W. H. ANDREWS (New England Medical Monthly) records the case of a woman æt. 84 years, in whom the menopause occurred at the age of sixty. Twenty years later she commenced menstruating again, and has continued so to do with regularity every month since. It is accompanied with all the phenomena which goes with that function. Careful examination has failed to find any cause for this condition of affairs. The patient seems to enjoy good health in all respects.

THE ORANGE AS A GALACTAGOGUE.—A correspondent of the North Carolina Medical Journal, of April, 1885, reports an interesting case in which the secretion of milk was greatly stimulated by eating oranges. To test the effect, the fruit was omitted for a few days, when the secretion ceased. It was soon brought on, however, by a return to this fruit diet. If at any time the flow be not free, one or two oranges will increase it very abundantly in an hour or two. Previous to using the oranges the patient gave no milk, and the child was fed artificially.—*Journal of American Medical Association.*

CARBOLIC ACID POISONING. — Dr. E. F. Hodges (Indiana Medical Journal) reports a case of a child four years old, who had been suffering from ascarides vermicularis, for which her father, a clergyman, gave her an enema containing a teaspoonful of pure carbolic acid. The child became unconscious and cyanotic in a few seconds. When Dr. Hodges arrived, twenty minutes later, she was apparently moribund, her breathing was stertorous, pupils dilated, sphincters relaxed, surface cold, and radial pulse absent. The hypodermatic administration of ammonia, ether, and whiskey was at once resorted to, combined with the application of external warmth, and the little patient recovered in about twelve hours.

THE ETIOLOGY OF STILL-BIRTHS.—In a recent discussion before the New York County Medical Association upon the etiology of still-births, Professor E. G. Janeway said that when he was one of the Health Commissioners he made a careful investigation of this matter, and found that the use of ergot constituted a pretty large factor in the etiology of still-births in all cases attended by midwives. Another prominent factor was the fact that in difficult cases of labor the midwives usually waited too long before sending for skilled assistance.

Dr. Leale stated that another cause which was frequently overlooked was chronic obesity on the part of the mother. Although the pelvic diameters were ample, there might be so much obstruction offered by the soft parts that the child could not be born alive. He had known of several such instances, and in one case he successfully delivered the patient of a living child by resorting to the induction of premature labor.

REFLEX COUGH DUE TO IRRITATION OF THE AUDITORY MEATUS.—Dr. H. W. Gradle (Chicago Medical Journal) says: "It is well known that irritation of the walls of the meatus will produce cough in many persons. The continued occurrence of this reflex was illustrated by the case of a young man who had had a cough for four months, coming on sometimes in distressing paroxysms, which several physicians had failed to remove, so that he had resolved to cease all treatment. An eczema of the meatus, which he supposed to have been there for several months, but to which he had not paid any attention, had lately spread further along the auricle, for which annoyance he called on me. After a single application of a strong solution of nitrate of silver to the well-denuded and scraped eczematous surface, his coughing fits never returned, and the slight bronchial irritation, which accompanied the trouble, disappeared during the next few days of treatment of the eczema. This cure was permanent, as I learned six weeks later. In another instance, a spasmodic cough in a child, the nocturnal attacks of which had kept the parents in a state of alarm for three weeks, was removed by taking a plug of exfoliated epithelial scales out of the auditory meatus."

SCIRRHOUS CARCINOMA OF THE BREAST.—Dr. W. H. Iszard, of Camden, N. J., assisted by Drs. Irelan and W. A. Davis, recently removed a scirrhous carcinoma weighing between four and five ounces from the right breast of a woman æt. 33 years. She first noticed the tumor as a small, hard lump about seven months ago, but did not call Dr. Iszard's attention to it for about six months, when he advised its early removal. About two weeks later Dr. Iszard removed it, by making two elliptical incisions on a line with the pectoral muscles, severing but three small vessels. These were immediately closed by the use of serrafines. The tumor was firmly adherent to the pectoralis minor. It and all the involved glands were removed, yet saving the nipple, which was not yet retracted, and a portion of the breast, leaving very little or no deformity. The parts were then well cleansed with carbolized water, stitched with iron-dyed silk ligatures, a three-quarter inch space was left for drainage at the lowest part of the incision. Three compresses were then placed one below, one above, and one directly over the dressing, and a firm bandage applied over all. The patient did not suffer any pain after the operation. The wound healed rapidly, and she is now attending to her household duties.

INTESTINAL OBSTRUCTION TREATED BY WASHING OUT THE STOMACH.—Dr. J. T. Whittaker, in the Cincinnati Medical News, April, 1885, gives the history of a case of obstruction in which he employed this method of treatment, and calls attention to the fact that so long ago as April, 1880, he had read before the Cincinnati Academy of Medicine the notes of a case treated in like manner. In this, although irrigation gave relief to the distressing vomiting, the issue was fatal.

Dr. Whittaker would, therefore, seem to be the originator of the measure, which, if he establish the claim, will be but one of many proofs of his sagacity in dealing with difficult therapeutic problems.

The good results so often obtained by this procedure are explained upon the following theory: First, that the stomach and intestines above the point of obstruction are emptied of all accumulated material, which, supplemented by evacuation from below, gives room in the abdomen for the free movement of the bowels. Second, the chief hindrance to peristaltic action being thus removed, spasm is allayed, the natural vermicular movements are restored, and the gut is placed under the best possible conditions for extricating itself from invagination or vulvulus, or the pushing onward of obstructing masses.

The method of performing the irrigation is simple. A tube is introduced into the stomach and its contents withdrawn, after which warm water is injected and brought again to light. This is usually continued until the fluid coming away is clear. The procedure is repeated as often as the symptoms may call for it, a return of nausea and vomiting indicating that the stomach is again filling with intestinal accumulations. The only contra-indication to the measure would seem to be gastric ulcers, but Debove claims that by the use of the soft tube and the exercise of due care against over-distension with water, irrigation may be practised in spite of the ulcer, and without fear of perforation.—*Louisville Medical News.*

ACONITUM FEROX.—Dr. D. H. Cullimore, M.R.C.P., F.R.C.S. (late senior physician to the Northwest London Hospital; retired surgeon Indian Army), recently read a valuable paper before the British Medical Association on the therapeutic action of aconitum ferox, or Indian aconite. After describing various species of the drug, Dr. Cullimore detailed a number of cases in which he had used it with marked benefit. It reduces fever, and gives relief from pain without any after bad results.

It is more diuretic and less diaphoretic than the aconitum napellus; and probably, also, because it is less diaphoretic it is less antipyretic.

As an anæsthetic, or dysæsthetic, in gouty and rheumatic conditions, it is superior to the aconitum napellus, while as a vascular depressant in small doses it is not so powerful. Dr. Cullimore gave it in a case of fatty heart and intermittent pulse during an attack of intercurrent congestion of the lung in an old subject, not only without danger, but with a highly beneficial effect. In this case it quickened the heart's action. In minute doses, it probably acts as a cardiac stimulant. In small doses it stimulates the nervous system at all parts and peripherally. In moderate doses it causes dysæsthesia, perversion of sensation, as exemplified by the tingling and numbness; while in larger doses it is anæsthetic, and a paralyzer of the nerves and other centres. Its first action on the nervous system, with its diaphoretic effect, will probably be found to explain its good effect in leprosy.

Its first effect is to produce heat, followed by lowering of the temperature and cold perspiration.

Its antipyretic effect is due to a lowering of the central circulation, by which it lessens the production of heat, while by its diaphoretic action it facilitates its removal. Thus its action is different from that of quinia and some other drugs, which destroy or minimize by their antiseptic action, the conditions which lead to or tend to excite fever. When given in chronic rheumatic conditions, it may be given till tingling is produced; whereas, in acute rheumatism its action on the heart, though useful in moderate doses in the early stages, and in small throughout, must be carefully noted later on in this disease.

The cases in which Dr. Cullimore used it were of neuralgia, sick headache, rheumatism, scarlatina, asthma, and other kindred complaints. He also found it useful externally, particularly as an application for chillblains, for which it is unrivalled.

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BOOK REVIEWS.

Kirke's Hand-Book of Physiology. By W. MORRANT BAKER, F.R.C.S., Lecturer on Physiology at St. Bartholomew's Hospital, etc., and VINCENT DORMER HARRIS, M.D., Demonstrator of Physiology at St. Bartholomew's Hospital, etc. Eleventh edition, revised and improved, with nearly 500 illustrations. Volume I. New York: William Wood & Co., 1885.

In the preparation of the eleventh edition of Kirke's Physiology, the editors have endeavored to maintain the reputation which it has long enjoyed as a concise and complete manual for students. All the latest established facts and observations have been incorporated in its pages, and a large number of new illustrations added. Volume I., which has been issued as the February number of Wood's Standard Library, contains thirteen chapters devoted to the consideration of the phenomena of respiration, circulation, digestion, absorption, secretion, and the production of animal heat. Volume II., which will be issued shortly, will contain an elaborate description of the remaining functions.

A Guide to the Diseases of Children. By JAMES FREDERICK GOODHART, M.D., F.R.C.P. Revised and Edited by LOUIS STARR, Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania, etc. Philadelphia: P. Blakiston, Son & Co.

The American edition of Dr. Goodhart's work on Diseases of Children, not only contains the valuable views of the author, but also much practical material from the editor, Dr. Louis Starr. The author has carefully confined his description of the various diseases treated simply to childhood, and has thus wisely omitted much that usually make books on diseases of children too extensive and not sufficiently practical. The author and editor have both laid especial stress upon the treatment of all the affections, which are also briefly but well described. Among the most useful subjects that have received very careful attention, is that of diet of children in health. If it is necessary, adds Dr. Goodhart, to make any addition to the breast milk, good cow's milk may be tried first, and it is to be diluted with an equal part of water, or equal parts of milk and lime water, slightly sweetened with sugar of milk or lump sugar, six tablespoonfuls to be given at a meal. The other additions to milk, as well as the consideration of all forms of food for children, and the intervals at which to administer it, is clearly and well set forth in this same chapter. The additions made by the editor to each chapter are of great value, especially to the general practitioner, and show special and practical knowledge of the subjects so ably treated. An appendix of the formulæ at the end of the work is most useful for rapid reference.

The Kaaterskill Region: Rip Van Winkle and Sleepy Hollow. Published by the Kaaterskill Publishing Company.

This beautiful volume presents the well-known legend of Sleepy Hollow and the story of Rip Van Winkle, as an appropriate introduction to a description of the beauties of that region which has been made famous by the genius of Washington Irving. Until within a comparatively recent time, the difficulty of mountain travel and the absence of even the most primitive accommodations, debarred all but the most enthusiastic from enjoying its magnificent scenery, and exulting in the revivifying influence of its pure mountain air. Now, however, owing to the genius and enterprise of a citizen of Philadelphia, the weary invalid in search of health, as well as the tourist in quest of pleasure, is carried smoothly and easily by rail to the Hotel Kaaterskill upon the topmost peak of the mountain from which it takes its name.

An Inquiry Into the Geographical Distribution and Cause of the Increase of Cancer in England and Wales. By F. T. BOWREMAN JESSETT, F.R.C.S. London: H. K. Lewis, 136 Gower Street.

In this admirable pamphlet, Mr. Jessett forcibly calls the attention of the profession to the remarkable increase of deaths from cancer, and urges renewed endeavor to ascertain its cause. The observations made by the author tend to prove that cancer is most prevalent in those counties which are always more or less damp, and in which the land is low and flat. He has also noticed that a number of patients in the Cancer Hospital were subjects of the rheumatic diathesis. Whether this be merely an accidental coincidence can only be determined by reference to a large number of cases. It is a lamentable fact that all attempts thus far made to trace the origin of this disease, or find a specific for it, have been without positive results. The author adverts to the prominent part played by inheritance in its transmission, and to the influence of mental worry as a factor in its development, and suggestively asks if the nervous strain due to our high-pressure modern life be not one of the causes of the increased mortality from this ill-understood disease.

Lessons in Domestic Science. F. M. GALLAHER. 12mo., pp. 243. Dublin: Brown & Nolan, 1884.

This little manual was written for our cousins, their sisters, and their aunts in the evergreen isle, the land of wit, wisdom, and unbounded hospitality. It is none the less welcome in America, for its lessons are trite, good, and timely. Its grand divisions are the *Individual*, his *Food*, and his *House*. The subdivisions are numerous, the whole occupying fifty-two "lessons," or chapters. Much of the matter is far ahead of similar writing in other manuals of hygiene, and not a little of it is exceptionally good. Any intelligent housekeeper will be benefited by its perusal, if she accepts and follows its advice, and none will regret its cost. It should be found on the bookshelf of the kitchen with the other works which ought to be found in all well-regulated houses, and the reviewer has always insisted that a culinary library is a *sine qua non* in every kitchen, be it large or small.

Controlling Sex in Generation: The Physical Law Influencing Sex in the Embryo. By SAMUEL HOUGH TERRY. New York: Fowler, Wells & Co.

This is a very trashy publication. Its title, however, will excite the curiosity of the prurient, and consequently assist in its sale.

Aneurisms of the Aorta; With Especial Reference to their Position, Direction, and Effects. Being an Exercise for the Degree of M.B. in the University of Cambridge. By OSWALD BROWNE, M.A., M.B. London: H. K. Lewis, 1885.

This elaborate monograph contains a careful analysis of the *post-mortem* records of eighty-eight unpublished cases of aneurisms of the aorta. Sixty of the cases occurred in the ascending or transverse portions of the arch, the remaining twenty-eight cases were equally distributed between the descending portion of the arch, the thoracic, and the abdominal aorta. The former are, of course, the parts of the aorta first called upon to bear the strain of increased blood-pressure, and are therefore the earliest and most commonly affected with aneurismal changes.

Dr. Seguin's Metric Prescription Book. New York and London: G. P. Putnam's Sons, 1885.

The metric, or decimal system of weights and measures has been legalized, and will soon become obligatory in the United States, as it is in eighteen other countries. Science—a higher authority than governments—has adopted it as the universal standard, and the State Medical Societies of Massachusetts, New York, and Pennsylvania, recommend its acceptance. It is not too soon, therefore, to begin its employment. It is much simpler than the old system, and impresses the mind as soon as it is presented to the eye. The difficulties attending its use at first are greatly diminished by the tables accompanying Dr. Seguin's neat little book.

Transactions of the College of Physicians of Philadelphia for the Year 1884.

This interesting volume contains memoirs of Professor S. D. Gross, Dr. Thomas Stewardson, Dr. George Fox, and Dr. J. Forsyth Meigs, and the following valuable papers: Enteric Para-

plegia, by Professor Roberts Bartholow, M.D.; Report of a Case of Abdominal Tumor Somewhat Resembling Pregnancy, by John H. Packard, M.D.; Criticisms on the Specific Theory of Hydrophobia, by Charles W. Dulles, M.D.; Report of the Committee on Meteorology and Epidemics for the years 1881 and 1882, by Professor Jos. G. Richardson, M.D.; Chronic Nasal Catarrh in Children, by Professor Harrison Allen, M.D.; A Case of Inflammation of the Cervical Portion of the Spinal Cord, by J. Cheston Morris, M.D.; A further Note on the Specific Treatment of Enteric Fever, by James C. Wilson, M.D.; Clinical Aspects of Cerebral Syphilis, by Professor Horatio C. Wood, M.D.; The Time Required by the Blood for Making one Complete Circuit of the Body, by Professor Robert Meade Smith, M.D.; History of a Case of Peri-Hepatic Abscess, by E. T. Bruen, M.D.; Criticisms from a Chemical Point of View on Some Favorite Prescriptions, by Henry Leffmann, M.D.; A New Method of Recording the Motions of the Soft Palate, by Professor Harrison Allen, M.D.; A Study of the Nutritive Value of Branny Foods, by N. A. Randolph, M.D., and A. E. Roussel, M.D.; On a Form of Numbness chiefly of the Upper Extremities, by Wharton Sinkler, M.D.; The Composition and Methods of Analysis of Human Milk, by Professor Albert R. Leeds, Ph.D.; Cholecystotomy, with a report of two new cases, and a table of all the hitherto reported cases with remarks, by J. H. Musser, M.D., and Professor W. W. Keen, M.D.

The New Local Anæsthetic: Hydro-chlorate of Cocaine, and Etherization by the Rectum. By LAURENCE TURNBULL, M.D., Ph.G., Aural Surgeon to Jefferson Medical College, author of a Manual of Anæsthetic Agents, etc. Philadelphia: P. Blakiston, Son & Co., 1885.

Dr. Turnbull presents in the first section of this valuable monograph a *résumé* of all that has been recorded of the use of cocaine up to the present time, with a number of practical suggestions that will be of value to those who have not had an opportunity of keeping abreast with the literature of the subject. The second section is devoted to a discussion of the merits, and a demonstration of the dangers of the recently-introduced method of etherization by the rectum. It has been employed in fifty-three cases with two deaths. Dr. Turnbull justly considers this percentage of fatality great enough to cast doubt on its value, if not to condemn its use.

Our Bodies; or How We Live. By ALBERT F. BLAISDELL, M.D. Lee & Shepard, Boston.

This little work is an elementary text-book of physiology and hygiene, designed for use in the common schools. It is written in an attractive and instructive style, and illustrated throughout with diagrams. Several practical experiments are referred to as a further means of impressing the facts of physiology upon its youthful readers, and the manner of performing them explained in a separate chapter. All through the book are valuable suggestions for the proper care of the various organs and functions. A chapter is devoted to the consideration of the preservation of health and the treatment of emergencies. One of the notable features of this excellent little work is a vivid description of the effects of stimulants and narcotics on the human system.

Insomnia and Other Disorders of Sleep. By HENRY W. LYMAN, A.M., M.D., Professor of Physiology and of Diseases of the Nervous System in Rush Medical College, etc. Chicago: W. T. Keener, 1885.

This is a book of absorbing interest as well as of practical value. The author possesses the rare faculty of investing the most abstruse subjects with the garb of fascination. He first discusses the various theories which have been suggested as to the nature and cause of sleep. Insomnia in its different phases is then considered, with especial reference to prevention and cure. The final chapters contain an elaborate presentation of the latest views of the phenomena of somnambulism and hypnotism.

The Medical Directory of Philadelphia, Pennsylvania, Delaware, and the Southern Half of New Jersey. P. Blakiston, Son & Co., 1012 Walnut Street. 1885. Price, $2.50.

The names and addresses of all members of the medical, dental, and pharmaceutical professions in this city and the adjoining States named, are given in a most accurate way, fully up to the present time. The educational institutions, societies, hospitals, and dispensaries, general and special, and in fact all and every thing that concerns the medical profession here receives notice. The directory is not only useful, but a necessity to all physicians, dentists, and pharmacists, practising within the limits that it covers. It is neat, compact, and practically arranged.

The Analectic: A Monthly Periscopic Summary of the Progress of Medical Science. Edited by WALTER S. WELLS, M.D. Volume I. G. P. Putnam's Sons, New York and London.

The Analectic was planned to meet the increasing requirement for frequent analysis and classification of the immense number of valuable items which are to be found in the mass of current medical literature. The volume before us is an evidence of how faithfully this idea has been carried out. It contains the cream of the practical contributions made to medical science last year, presented in a convenient and comprehensive form.

NEW PUBLICATIONS RECEIVED.

American College Directory, by C. H. Evans & Co., St. Louis.

Catalogue of the Pennsylvania State College for 1884 and 1885.

Report of the Board of Managers of the Pennsylvania Hospital.

Disinfection and Disinfectants. American Public Health Association.

Syphilis, by G. A. Hewitt, M.D., St. Paul, Minn. Reprint from Northwestern Lancet.

Eighth Annual Report of the Managers of the Sanitarium Association of Philadelphia.

A Lecture on Sterility, by William H. Wathen, M.D. Reprint from the Medical and Surgical Reporter.

Remarks on Typhoid Fever in the Young. By A. Jacobi, M.D. Reprint from Archives of Pediatrics.

The One Hundred and Second Annual Catalogue of Dickinson College for the academical year of 1884–1885.

A Treatise on Milk and Henri Nestle's Milk Food, by H. Lebert. New York: Thomas Leeming & Co.

Epilepsy, by L. M. Baker, M.D., Baldwinsville, Mass. Reprint from Journal of Mental and Nervous Diseases.

An Open Letter to the Board of Directors of the Children's Hospital, Washington, D. C., by A. Y. P. Garett, M.D.

Idiopathic Anæmia, by J. H. Musser, M.D. Reprint from the Proceedings of Philadelphia County Medical Society.

Twenty-fifth Annual Report of the Medical Superintendent of the State Asylum for Insane Criminals, Auburn, N. Y.

Catalepsy in a Child Three Years Old, by A. Jacobi, M.D. Reprint from the American Journal of Medical Sciences.

An Open Letter from Dr. Edward W. Jenks to Dr. N. S. Davis, Editor of the Journal of the American Medical Association.

Report upon the epidemic of Typhoid Fever at Plymouth, Pa., by W. S. French, A.M., M.D., and E. O. Shakespeare, A.M., M.D.

Does Tobacco Produce Amblyopia? By W. Franklin Coleman, M.D., M.R.C.S., Baltimore, Md. Reprint from Maryland Medical Journal.

A Description of the Improved Sonometer, and an Inquiry into the Increase of the Opium Habit, by M. F. Coomes, M.D., Louisville, Ky.

An Improved Refraction Ophthalmoscope, by L. Webster Fox, M.D., Ophthalmic Surgeon, Germantown Hospital, etc. Reprint from Medical News.

Lesions of the Nervous System Etiologically Related to Cutaneous Disease, by H. Radcliffe Crocker, M.D., M.R.C.P., etc. Reprint from Brain.

Specialties and their Relation to the Medical Profession, by L. Duncan Bulkley, A.M., M.D. Reprint from Journal American Medical Association.

Lupus and its Treatment, by Walter G. Smith, M.D., Physician to Sir Patrick Dun's Hospital, etc. Reprint from Dublin Journal of Medical Science.

Diagnosis of Spinal Disease, and Observations on Hip-Joint Disease, by Thomas P. Grant, M.D., Louisville, Ky. Reprint from Louisville Medical News.

Two Cases of Congenital Imperforate Anus with Fecal Fistula in the Adult Female, by Clara Marshall, M.D. Reprint from American Journal of Obstetrics.

Specialties and their Relation to the Medical Profession. By L. Duncan Bulkley, A.M., M.D. Reprint from Journal of the American Medical Association.

Wounds of the Brain. An Essay read by Appointment before the Luzerne County Medical Society, by Dr. J. B. Crawford. Published by request of the Society.

Carbolic Acid Gas as a Local Application to Chronically Inflamed Mucous Surfaces, by A. Rose, M.D., New York. Reprint from Annals of Anatomy and Surgery.

Massage; The Latest Handmaid of Medicine, by Benjamin Lee, A.M., M.D., Ph.D., Philadelphia. Reprint from Transactions of Medical Society of Pennsylvania.

The Physiological Effects and Therapeutical Uses of Hydrastis, by Roberts Bartholow, A.M., M.D., LL.D. Reprint from the Drugs and Medicines of North America.

The Measurement of Refraction by the Shadow-Test, or Retinoscopy, by Edward Jackson, A.M., M.D., Philadelphia. Reprint from American Journal of Medical Sciences.

A Case of Primary Epithelioma of the Tonsil, by F. Donaldson, Jr., B.A., M.D., Chief of Clinic, Throat and Chest Diseases, University of Maryland. Reprint from Medical Record.

Thirty-first Report upon the Births, Marriages, and Deaths in the State of Rhode Island for the year 1883, by Charles H. Fisher, M.D., State Registrar of Vital Statistics, Providence, R. I.

REPORT OF INTERESTING CASES

TREATED AT

THE SURGICAL INSTITUTE,

NORTHEAST CORNER OF BROAD AND ARCH STREETS, PHILADELPHIA, PA.

BY J. G. ALLEN, M.D.,
Surgeon in Charge.

(Continued from last number)

ANOTHER CASE:—

F. M., æt. 38, R. R. engineer; complete paralysis of lower extremities, with total inability to retain either feces or urine. Motility entirely destroyed, and sensation greatly impaired. This condition was caused by an injury received in a railroad collision about six months before the patient came to Institute; for four months his condition had been at best but stationary, and was so deplorable that we recorded him on our books and received him as "experimental." The treatment was first a brace support to the spine so contrived as to keep it as nearly at perfect rest as possible—after the spine had been thus rested a little time we began with massage, very mild electrical (faradic) currents, and finally the vacuum treatment, as heretofore described. Result: In two months he began to sit up, in three months he occupied a rolling chair ten to twelve hours each day, in six months he was able to stand on his feet, in nine months he could walk pretty well, and now, at the end of three years, is apparently entirly cured, and for a year past has been daily engaged at office work in his former business.

Mild cases of cerebral paralysis are perhaps more hopeful than those of spinal origin. The following case is offered:—

S. A., æt. 52. Partial paralysis of left side had existed about six months when he presented himself at Institute. Paralysis evidently of cerebral origin. His general health had been poor for several months previous to the attack, which came on suddenly whilst engaged at his work; for several weeks after the attack there was complete loss of power on the left side, with inability to articulate distinctly. Gradual improvement followed, such as is not unfrequently seen in cerebral cases. At the end of three months, however, his condition became nearly stationary, and remained so till he came under our treatment. At that time he could walk short distances, using two canes, but his movements were jerky and uncertain. The bowels were uniformly constipated, requiring continual resort to laxatives and enemas. Marked and steady improvement kept pace with the treatment at the Institute. The bowels soon acted normally; one cane was discarded at the end of the first month's treatment, and, at the end of three months, when he left us, he habitually took many firm steps without resting upon the other cane. His voice became stronger and nearly natural, and there was in his countenance an unmistakable expression of returning confidence, instead of a weary and haggard look of timidity and despair. He returned to us again, after nine months absence, and reported his condition as having remained about stationary. He was able to remain with us scarcely two months on his last visit, but was again manifestly improved by the treatment.

Of diphtheritic paralysis but few cases have been treated at the Institute. Several of my first cases I dismissed in alarm, on account of the apparent aggravation of the symptoms which seemed to take place when treatment was first begun. It is usual for many of the symptoms attending diphtheritic paralysis to appear to be thus at first aggravated by active massage or even by passive movements. It is therefore necessary in these cases to proceed very slowly, and bring the patient under the full influence of the treatment very gradually. If this is done with due regard to the personal peculiarities likely to appear in different patients, the result will be a satisfactory evidence that the treatment promotes and hastens the recovery.

The many forms of abnormal muscular contractures so often seen by the orthopedic surgeon are almost universally amenable to the treatment we have described as applicable to paralytic cases. Indeed, it may be almost positively said, that no such cases remain wholly unimproved by this method of treatment, whilst a great many of them are absolutely cured. These contractures are exceedingly common in connection with cases of infantile palsy.

All abnormal muscular contractures are to be classed in the broad category of "Disturbances of motility," and may arise not only from the same kind of disturbances that produce paralysis, but actually very often arise from the identical disturbance that has produced the paralysis in the numerous cases in which paralysis and contractures simultaneously appear; thus they may arise from any "points of abnormal excitation," or any "points of inhibition that may occur" anywhere in the motor tract from centre to periphery. To these causes must also be added the whole category of possible reflex motor disturbances, thus making the subject one of the most complicated and interesting in the domain of neural pathology. Though much research has been expended in this direction, we are still compelled to pursue lines of treatment often almost wholly empirical.

Erb asserts that "spasms (which term includes all abnormal muscular contractions) must in all instances be induced by irritation of the motor apparatus," and that such irritation may result either from "increase of the strength of the stimulus," or from "increase of the excitability of the motor apparatus," and that "all spasm may be referred to one or the other of these causes." "So that a motor effect is produced far exceeding the amount of stimulus applied."

This explanation is undoubtedly correct in regard to a great many cases, but it is by no means a satisfactory explanation for *all* cases. I have often been very greatly impressed with the very numerous instances in which the contractions seem to be essentially an imperfect and improper distribution of the normal motor stimulus, rather than any increase in the amount or "strength of stimulus," or "increase of excitability" in any part of the motor tract. I am not aware that this explanation has ever been pointed out or accepted by authors on the subject, but I am so familiar with this phase of it, that I am in the constant habit of basing a more favorable prognosis in all cases of paralysis accompanied by contractures, than if this feature is not present. That there may be numerous instances in which the "stimulus" or motor current (whatever it is), that travels along the motor nerves, should be, as it were, deflected to some portions of the nerve paths more than to others, a real confusion or misconduction of nerve current taking place, perhaps, from very slight pathological conditions, is exactly what might often be expected to occur, when we consider the wonderful and almost incomprehensible mixing and decussations of the nerve fibres, which the anatomy of the whole nervous system reveals. At all events, in my experience it is a well-established clinical fact, that the relief of abnormal muscular contractions by the methods practised at the Institute, results in a corresponding improvement in the paralyzed muscles, and that this improvement is more rapid, more certain, and more definite, than I can get from the same treatment, or from any treatment, in cases where the paralysis is unaccompanied with muscles, or groups of muscles exhibiting abnormal contractions.

CASE I.—Miss E. G., æt. 14. Infantile Paralysis of right leg with contractures of all the flexors of the limb; the extensors were paralyzed, flaccid, and much withered. The leg was constantly drawn back, and kept in a position nearly at right angles with the thigh. The foot had acquired the position of equino-varus. The disease was of thirteen years duration, the attack having occurred at about one year of age. She had been treated by electricity without perceptible benefit, and had been a great deal of the time wearing extension braces, which were, however, unskilfully constructed, still more unskilfully adjusted, and much of the time neglected. Badly as this part of the treatment had been managed, it, however, had been very useful, as it had prevented complete ankylosis of the knee-joint, which would otherwise probably have taken place. The treatment at the Institute consisted of a better made and well-adjusted extension brace, the vacuum boot, daily followed by use of friction, kneading, and oscillating machines, also faradic electricity. Result of eight months treatment: Contractures cured; very marked increase in size and strength of all the paralyzed extensor muscles; knee straight; equino-varus so far overcome as to permit the foot to be placed flat and properly on the ground when walking in her brace.

CASE II.—C. H., æt. 6 years, male. Infantile paralysis of left leg had existed four and a half years; pale, anæmic child; general health and development poor; leg weak, muscles generally much atrophied; foot everted; left knock-knee; contractures of the gastrocnemius and internal peronei muscles; acquired equino-varus. He had been treated by electricity and internal medicines without any benefit. The treatment at Institute was the same as in preceding case, viz.: vacuum treatment followed by friction, kneading and oscillating machines and electricity; also general tonics. In six months the abnormal muscular contractures were overcome, and coincident therewith was a return of tone and strength to the weaker muscular structures to such a degree as to enable him to walk without either brace or cane.

CASE III.—A. E., female. æt. 18. Infantile paralysis of twelve years duration. Both legs and left arm implicated; entirely unable to walk or even stand; contractures of all the flexors of both legs, with general weakness, atrophy, and paralysis of the extensors; equino-varus of both feet; knees firmly flexed at right angles to thigh, but not ankylosed, the joints being free from disease, and in remarkably good condition for a case of such prolonged contracture. The thighs were drawn forward so that the relative position of the limbs to the body was always that of the sitting posture, even when the patient was in any recumbent position. There was great psoas contraction and extreme lordosis. The muscles of the left arm were much withered, exhibiting a marked tendency to rigidity of the flexors, but no firm contractures such as characterized the flexor muscles of the lower extremities. Reckless tenotomy had been performed. "Everything had been cut." But previously to all this tenotomy, not one particle of effort had been made, *as should always be done*, to improve the condition of the contracted muscles, nor even had there been any effort made or appliance used to secure and retain such additional extension as was, perhaps to a limited extent, made possible by this indiscriminate tendon-cutting. The result was, of course, wretchedly disastrous. The tendons healed, but the muscles were still farther shortened. Tendon-cutting will not overcome muscular contractures, and very transient and imperfect will its results generally be even towards modifying the effects of contractures, unless the condition of the muscle itself be first improved. This was the plan resolutely pursued in treating this case at the Institute. Thus we employed mild faradic currents, the vacuum boot, Fig. 6; prolonged passive movements, Fig. 7; massage, Fig. 2; stretching table (to be hereafter described); the whole coincident with the constant wearing of appropriately constructed and carefully managed extension braces. After some months perseverance with this treatment one tendo-Achillis was cut, and also the tendon of the outer hamstring of one leg. No other tenotomy was necessary. Result: The muscular contractures of the arm and legs were practically overcome; the talipes cured so far that the feet could be placed flat on the floor; the psoas contraction was greatly relieved, and the lordosis diminished to less than one-third of the original deformity in this respect; now, at the end of sixteen months, she can stand erect (in her braces) for an hour at a time. She can also locomote short distances pretty well with the aid of crutches or canes.

[To be continued.]